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HINTS  
ON  
INSANITY.



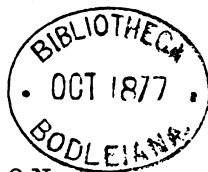
HINTS  
ON  
INSANITY  
AND  
SIGNING CERTIFICATES.

BY  
JOHN MILLAR, L.R.C.P. EDIN.  
MEDICAL SUPERINTENDENT, BETHNALL HOUSE ASYLUM, LONDON.

*SECOND EDITION, ENLARGED.*

HENRY RENSHAW,  
356, STRAND, LONDON.

MDCCCLXXVII.



151. o. 418.



LONDON  
SAVILL, EDWARDS AND CO., PRINTERS,  
CHANCERY STREET.

## P R E F A C E

TO

THE FIRST EDITION.

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THE following Hints have been thrown together with the hope that they may be found useful to those medical men who have had no opportunity during their professional education of becoming practically acquainted with Insanity, and whose time is too much occupied to permit them to make a special study of a disease which they are seldom called upon to treat. They are the impressions left upon my mind from a personal acquaintance with upwards of four thousand insane persons both in public and private asylums, during the last seventeen years, and, together with the directions as to filling up certificates, &c., seem to

me to comprise the principal points with which medical men should be familiar. What I have said in favour of private asylums is from an honest conviction of its truth, unbiassed by any personal consideration, for I have no proprietary interest in the private asylum with which I am at present connected.

JOHN MILLAR.

BETHNALL HOUSE ASYLUM,  
CAMBRIDGE HEATH,  
*London, Jan. 1861.*

P R E F A C E

TO

THE SECOND EDITION.

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It continues to be a matter of considerable surprise and regret that the special study of Insanity should still be so ignored by the various licensing medical bodies, that it forms no necessary part of the curriculum of a medical education; the more so when we know it is anything but a rare disease, or there would not be so many asylums for its cure and treatment all over the country. That it is an important one to the community, is shown by the special Acts of Parliament which have been passed for the regulation of these establishments; that legal evidence of its existence can only be given by a registered

medical practitioner, who alone can give the certificate which can deprive a man of his liberty, and place him in an asylum for safety and cure.

As the Legislature thus recognises insanity to be a special disease, and gives the profession a power possessed by no other body, it should insist upon their being educated for this special work, and not allow the licensing bodies to leave the student to pick up his knowledge where he may. With the hope of assisting those who desire some information on the subject I have prepared another edition of "Hints on Insanity," with some additions; and I trust it will meet with as favourable a reception as before.

BETHNALL HOUSE,  
CAMBRIDGE ROAD, E.  
*London, July, 1877.*

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# HINTS ON INSANITY.

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## GENERAL VIEW.

INSANITY throughout its various modifications is generally recognised, even before professional assistance is sought for; and, in this respect, it differs materially from the mass of cases which the medical practitioner is called upon to treat. Indeed, its presence is almost invariably so obvious, that while the aberrations which furnish evidence of the disease are as Protean as the features and dispositions of our race, yet no special qualification seems to be required, save in exceptional cases, for determining the fact of its existence.

This varying character of insanity, and the apparent ease with which it can be recognised, renders it all the more necessary for the practitioner to make himself so thoroughly acquainted with it in all its phases, as to be able when called upon, with a full knowledge of his responsibility to himself and his patient, to give such sound practical advice as will at

once distinguish him from the ordinary observer.

In carrying out the object I have in view, it will be unnecessary for me to attempt any psychological definition of Insanity. On this point the ablest men have failed; and, fortunately, such failure has no practical bearing whatever upon the diagnosis or treatment of the disorder. It is enough for me to observe that, according to the opinions entertained by the most eminent physiologists, "*the clearness and distinctness of our ideas depend on the intensity of the organic actions of the grey globules or nucleated corpuscles of the brain.*" If, then, the manifestation of mind be dependent upon the evolution of some power by the brain, it follows that the normal development of this power in any sane person must also be dependent upon the maintenance of those conditions which are requisite for its healthy action; and any disturbance of those conditions must operate through the organ upon such power, and so disturb the healthy manifestation of mind. Now the brain, like some other organs of the body, is subject to waste and disintegration of tissue, in proportion to its functional activity; and, like them

also, it requires a period of rest or cessation from action to enable it to repair the waste, and continue to perform its customary healthy functions. Like other organs of the body, also, its healthy condition is best maintained by exercise alternating with rest. Hence, as we almost invariably find that an attack of ordinary insanity is preceded by an interference with these conditions, indicated by continuous and uninterrupted action of the mind, without sleep, I am of opinion that mental aberration in such cases is merely a symptom of an exhausted condition of the power; in fact, a functional derangement. In no other way can I satisfactorily account for the beneficial results attendant upon the employment of those remedies which procure sleep or rest to the brain, or for the effect which follows the administration of a full and liberal supply of nutritious food to the insane; nor can I for the same reason explain the cause of the utter absence of any constant, recognisable pathological change in the substance of the brain of those who die whilst suffering from mental alienation.

That I do not attach more importance to sleep, or rather rest, than it deserves, is evi-

dent from its universality; for no living thing, whether plant or animal, can remain in a healthy state without its period of repose—a period which, in man, appears to occupy about one-third of his existence.

That insanity is, in many instances, merely a functional derangement, may be gathered from the following case, which may be taken as a type.

*Case.*—A merchant in business, having a large family dependent upon his exertions for their support, suddenly finds his affairs seriously involved by the failure of some speculation in which he had embarked, or of some firm in which he trusted, and he is at once reduced from affluence to poverty. Such an event must necessarily produce in any mind a powerful feeling of regret and grief, both from the altered circumstances in which the party finds himself, and from the sudden blight upon the prospects of his family. He is now, not only unable to banish the fact of his reduced position from his mind, but so constantly does it haunt him, that sound and healthy sleep becomes an impossibility. This loss of sleep, together with the injurious effect of emotion upon the secretions (so well marked in its

effect upon the salivary, lachrymal, and mammary glands), disturb his digestion, and his appetite becomes impaired. Unable to take the accustomed quantity of solid food, he now flies to stimulants, which afford some temporary relief—but of the most dangerous kind—to his harassed feelings, for these only excite the already overtaxed brain to increased action, to be sunk, when the temporary stimulation has passed off, to a lower ebb than before. Thus stimulants, a source of positive relief for the time, but injudiciously taken without food, are often set down as the cause of the malady.\* If no improvement takes place in his circumstances, from continued want of food and rest he becomes daily worse, until the brain, thoroughly exhausted, cannot keep

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\* Sir B. Brodie says:—"Alcohol removes the uneasy feeling and the inability of exertion which the want of sleep occasions. I have sometimes, when I have been writing late at night and much fatigued, so that I could scarcely fix my attention on the thing before me, feeling as if my head were almost too much for the room to contain it, obtained a complete relief by taking a single glass of wine. But such relief is only temporary; stimulants do not create nervous power; they merely enable you as it were to use up that which is left, when they leave you more in need of rest than you were before."—*Psychological Inquiry*, 2nd Ed., p. 143.

up a sufficient action to enable the mind to maintain a correct judgment of passing events, and insanity is the result.\* Whether the attack will assume the form of acute mania, ordinary insanity, melancholia, or any intermediate condition, will depend much upon the intensity of the exciting cause, and the previous habit and condition of the patient as regards health, temperament, and hereditary predisposition.

The various aberrations which insanity may present will, as a rule, afford no special indication as to the cause of the disease, or the course of treatment to be pursued; because, "as every person of sound mind has some peculiarity to distinguish him from his neighbour, which constitutes his individual character, so, in the same way, when a man becomes insane, his peculiarity is maintained," though at times exhibited in a complementary or opposite manner. Instead of affection, there will be aversion; to indifference, there will be regard. In every case, the antecedents are

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\* I presume it is admitted that judgment is a more complex operation of the mind than comparison, and this than simple apprehension; each operation, therefore, requires power in proportion to its complexity.

the same, and we have the invariable sequence of an emotion so occupying the attention as to prevent sleep—and this continued action of the mind, without sleep, producing exhaustion and subsequent mania.

The importance, then, of having constantly in view the necessary relation of the conditions above referred to, in those who are known to have been recently exposed to depressing emotions, either from pecuniary losses, domestic affliction, or other causes (more especially if there is any hereditary taint), cannot be too strongly insisted on; for in such a state of affairs, we may feel assured that if the brain cannot obtain rest, without which there must be continuous action, an attack of mania is sure to supervene.

It is most desirable, therefore, that the public in general should be made acquainted with the vast importance of sleep to those who are engaged in the struggle for position and existence; and also to the dangerous influence which the want of it exerts in producing constitutional disturbance and mental derangement. If this fact were more generally appreciated, medical men would then be consulted oftener than they now are upon this appa-



rently trifling point; and instead of being sent for after the disease has become fully developed, merely to sign a certificate of lunacy, they would be enabled, in a great majority of cases, to avert so terrible a calamity, and save most of those valuable lives which are now sacrificed during incipient insanity by suicide. There is abundant statistical evidence to prove that the recovery of patients whose disorders arise from functional derangement, and who are admitted to asylums within the first year of their attack, amount to 60 or 70 per cent.; and it is perfectly well known that this result is due entirely to early treatment. If, then, success bear a direct ratio to the shortness of the duration of the attack before being subjected to treatment, it follows, as a necessary consequence, that the disorder itself would be cut short, or possibly averted, by the early treatment of its cause. Let it be remembered, that insanity is not—like scarlet fever, measles, or small pox—incapable of being arrested when once it has set in; but, as I have shown, it becomes developed by slow degrees, gives ample warning of its approach, and is the inevitable result of an infringement of well-known laws. An American writer has

truly observed, that "notwithstanding strong hereditary predisposition, ill health, loss of kindred and property, insanity rarely results, unless the exciting causes are such as to occasion loss of sleep. A mother loses her only child, a merchant his fortune; the politician, the scholar, the enthusiast, may have their minds powerfully excited and disturbed, yet if they sleep they will not become insane."

#### CLASSIFICATION OF THE DISEASE.

For practical purposes, I consider that all the cases of mental derangement which the general practitioner is likely to meet with may be divided into two great classes:—

1. The curable, or that in which the disorder may be considered as the result of functional derangement; and,

2. The incurable, or that in which it is dependent upon organic change for its origin.

It therefore becomes a matter of considerable importance to be able easily to recognise to which of these classes the disorder belongs; for this determination will not only regulate the prognosis and treatment of the disease, but also will materially affect the future prospects and social position of the patient.

**General Remarks**

On Visitation

Removal to

Advantages

Which Class

Law a Basis

Objections

**On Asylums**

Public Hospitals

Bethlehem

St. Louis

County Asylums

Private Asylums

**On the Form**

**Asylums.**

On the Organization

On the Medical

Directions

Form

On the Internal

Directions

On the Facilities

served by

**Examples—**

Acute

Melancholia

Ordinary

excited

Amendable

Vague

**Conclusion.**

## HINTS ON INSANITY.

they frequently assume that intractable for viz., recurrent mania.

In the inquiry on this latter point, I ever, the greatest difficulties will be experienced in getting at the truth, unless course can be had to some friend who k the family; for there is no point upon persons in every station of life are desirous of concealment, and relative always ready to deny the existence of a taint. They will admit, perhaps, that relative has been a little odd—nothing than that; one has only had an attack of brain fever, another delirium after confinement, which, say they, goes for no or perhaps it will be found that a member of the family has had some congenital defect. I have good reason for believing that in these reputed attacks of brain fever have nothing more or less than attacks of mania.

Delay in the recovery and a liability to relapse will be far from improbable if the exciting cause, such as loss of property or other, continues in operation. But a permanent cure may be expected in all those cases where time is capable of alleviating the cause.

In a pecuniary point of view, also, this early determination of the character of the disease becomes important, for it may serve to decide whether a business is to be carried on in the hope of the patient's recovery, or realised at once, to prevent ultimate loss.

#### DIAGNOSIS OF FIRST CLASS.

Careful inquiry into the history of the case will for the most part render the diagnosis of this class tolerably easy, for if we find the disorder first showing itself soon after severe domestic affliction, loss of property, disappointments, long watching; anxieties, either as to the health of friends or business; great mental exertion, excessive study, the puerperal state, amenorrhœa, or any emotion or disorder likely to exert a depressing influence, and accompanied by loss of sleep, the case may be looked upon as of a favourable character. But before any positive opinion can be given, it will be well to make inquiry as to the existence of any hereditary taint, on account of the influence which it exerts over the predisposition, duration, and form of the disorder. With this taint, the attacks are more readily induced, their duration more uncertain, and

they frequently assume that intractable form—viz., recurrent mania.

In the inquiry on this latter point, however, the greatest difficulties will be experienced in getting at the truth, unless recourse can be had to some friend who knows the family; for there is no point upon which persons in every station of life are more desirous of concealment, and relatives are always ready to deny the existence of a family taint. They will admit, perhaps, that some relative has been a little odd—nothing more than that; one has only had an attack of brain fever, another delirium after her confinement, which, say they, goes for nothing; or perhaps it will be found that a member of the family has had some congenital deficiency. I have good reason for believing that many of these reputed attacks of brain fever have been nothing more or less than attacks of acute mania.

Delay in the recovery and a liability to a relapse will be far from improbable if the exciting cause, such as loss of property or position, continues in operation. But a permanent cure may be expected in all those cases where time is capable of alleviating the cause of the

affliction. It is wisely ordered that in the majority of cases the acuteness of grief becomes gradually mitigated. Indeed, were it not so, a sane mind would be the rare exception.

#### DIAGNOSIS OF SECOND CLASS.

There can be but little difficulty in deciding on the incurability of the disorder if paralysis or epilepsy be present, if the attack is ushered in by a convulsive seizure, or if it has followed injuries to the head, sunstroke, inflammation of the brain or its membranes, severe attacks of fever, long-continued intemperance with attacks of delirium tremens, masturbation, or when the attack occurs in old age, or where there is congenital deficiency.

The issue of those cases in which hallucination of the senses forms the most prominent symptom is of a doubtful character, from the difficulty of convincing patients that their aberrations are due to an abnormal condition of the brain or organs of special sensation.

#### GENERAL TREATMENT—CURABLE.

The general course of treatment to be pursued in this class of cases will vary in some measure with the nature of the attack, and

its duration when first seen. In every form of the disorder, the most prominent and urgent symptom is the absence of sleep or of rest to the brain, the point most worthy of attention, and the one to be kept constantly in view, as the chief source and origin of the evil. In some cases, the patient does sleep, but not for a longer period than is just sufficient to repair the waste consequent upon the previous day's excitement; and in this way a continuance of irregular action is induced which, if not checked, will end in chronic mania. It is necessary, therefore, that the patient should not only sleep long enough to admit of the entire repair of the waste of the previous day, but that the rest should be in excess. To effect this we should endeavour to lessen mental action, by removing as much as possible all causes of excitement and irritation; and as it is well known that dwelling upon the same topic tends to increase the intensity of feeling, it will be well to endeavour to change the current of thought by acting on the senses, by change of scene, engaging the attention by occupation, by games of skill or chance, or exciting curiosity by objects of novelty or interest, and by every means to en-



courage sound and refreshing sleep, without which little hope can be entertained of recovery; and if after exhausting all the ordinary hygienic and dietetic means we fail to induce sleep, recourse should be had to sedatives (being previously satisfied that the excitement is not kept up, as is often the case, by constipation); these should be administered in gradually increasing doses until the desired result be obtained. The preparation I have found to be most beneficial, and one productive of less constitutional disturbance than any other, is a solution of opium in water, acidulated with citric acid (containing about one-sixth of crude opium), administered every four or six hours, in doses of from ten to twenty minims, and continued until the patient feels he can sleep without it. Should this sedative produce, as it occasionally but very seldom does, depressing sickness, it should at once be discontinued, and chloral, bromide of potassium, hyoscyamus, &c., tried; but if there be contraction of the pupils, congestion of the conjunctiva, tendency to disease of the heart, or reason to suspect a loaded state of the bowels, these preparations require to be cautiously administered. Inquiry should

always be made as to any idiosyncrasy with reference to this drug, and its effects upon old people carefully watched, as they do not bear opiates well. I am aware that the value of sedatives in the treatment of insanity has of late years been questioned. It is no doubt true that they are anything but a specific in all cases; at the same time, I have seen so much real good done by their judicious use, that I continue to advocate their employment. When there is anæmia, vegetable tonics combined with the preparations of iron are of great service, insanity, on all hands, being admitted to be a disorder in which there is every symptom of debility. At the same time the patient should be supplied with an abundant quantity of nutritious and easily digestible food, for without this no repair can take place. Advantage should be taken of the tendency which warmth and a full meal have to induce a state of repose, by placing the patient in as favourable circumstances as possible to procure this condition. I believe that as long as nature is making an effort to cure (after the acute stage has passed away), there is a natural craving and demand for more food than in health, because the power

generated in the brain, upon which the manifestation of mind depends, must be supplied from food through the blood. The good effect of a plentiful supply of food to the insane, in diminishing mortality and increasing the percentage of cures, is well known; its good effect also in quieting the noisy, and lessening the dirty, mischievous, and destructive propensities of others, is as well marked as it was in the Orphan Asylum quoted by Combe, where by an improvement in diet "the children became less turbulent, irritable, peevish, and discontented, and far more manageable, peaceable, and kind to each other."

*Case illustrating the advantage to be derived from a full supply of food.*—The following extreme case will serve to illustrate this point better than anything else.

A. M., after some continued illness, during which she was repeatedly bled, cupped, and leeches, and kept upon a severe antiphlogistic regimen, gradually became insane. When brought to Bethnall House, she presented little evidence of constitutional disturbance, but mentally was much excited, had various delusions, and was in an exceedingly perverse state—resisting with all her might any at-

tempt to dress or undress her; and though constantly complaining of intense weakness, yet she was so strong as almost to defy the united efforts of three or four nurses to remove her from the passages, in which she would keep to the obstruction and annoyance of every one. She talked constantly about being starved, although the quantity of solid food she was in the habit of taking was about four times as much as that of any other patient, and, as her assimilation was good, orders were given that she should have in addition as much bread as she could eat. This, however, at first did not lessen her complaint; but after a few months she gradually improved so much that she was induced to employ herself by working in the kitchen. Here there was an unlimited supply of food, of which she took ample advantage, as she was eating meat, &c., all day long—at breakfast, luncheon, dinner, tea, and supper, she would be found with a plate of meat; and the enjoyment of her meal was coupled with evident benefit to her mental state. She soon began to gain flesh, became less excited, and ultimately was discharged perfectly well. All her delusions disappeared, and with her im-

proved mental state her appetite became natural. Although during nearly the whole period she was in the asylum she took equivalent to five grains of crude opium every night at bed-time, I feel satisfied that her recovery was mainly due to the nourishment she derived from the food being in excess of the daily waste, and therefore gradually replacing the power she had lost during the heroic treatment of which she had been the victim.

#### I.—ACUTE MANIA.

Acute Mania is readily distinguished from inflammation of the brain, or its membranes, in the mode of its accession, in the freedom from severe pain in the head, the tolerance of light and sound, and absence of increased sensibility, which are so characteristic of Phrenitis. In extreme cases, not unfrequently preceded by a period of depression, there is incessant raving, great restlessness, and violent exertion; a hot, dry skin; brown, parched, and dry tongue; and teeth covered with sordes. There is also an absolute refusal of solid food; and, as it is of the utmost importance that the loss from waste of tissue, which must be rapidly going on, should be prevented, it is essential

that the liquids which the patient will for the most part readily take should contain as large an amount of nutritive matter as possible : something more substantial than broth, beef-tea, and arrow-root must be provided ; and for this purpose, I know of no culinary preparations so useful as those into which eggs and milk largely enter. These are the substances which nature has provided for the growth of the young animal, and necessarily contain all the elements of nutrition. A couple of eggs beaten up and mixed with some warm milk, ale, or porter, may be given with a sedative, every four hours, with the best effect ; and these may be continued until the excitement is abated, or the ability to take solid food returns. No apprehension need be entertained as to the propriety of giving stimulants, for during this condition they are not only well borne, but are absolutely necessary. Shaving the head and applying counter-irritation to the scalp should be avoided, whilst any attempt to control the excitement by depletion, or antiphlogistic means, will inevitably lead to dangerous, if not to fatal results. As the bowels during this state are generally confined, a couple of drops of croton oil, or a

simple enema occasionally administered, will relieve them of much irritating and offensive matter. Turkish and warm baths are useful to relieve the uncomfortable feeling which accompanies the hot, dry, and parched state of the skin, and they are extolled by many for their power in soothing irritability of the system.

## II.—ORDINARY MANIA.

In Ordinary Mania, and the milder forms of the disease, there is often no evidence whatever of constitutional disturbance, although the same conditions exist, but in a milder form, as in acute mania; for as long as there is mental aberration, there must be a loss of that balance which prevails in a healthy state. This may be due to too great action in proportion to the amount of rest, defective assimilation from disorder of the digestive organs, or to an insufficient supply of food; the treatment, therefore, as I have before observed, should be directed to limiting the amount, or varying the duration of the mind's action, increasing the period of rest by sedatives, and giving plenty of nourishment; and when there is defective assimilation, attending to the state of the digestive organs.

In this class of cases we need never despair, for patients have been known to recover even after thirty years' derangement.

*Case illustrating a complication which may confuse the inexperienced.* — A few years ago, a merchant, about thirty-five years of age, unmarried, was placed under my care, suffering from an attack of mania, with considerable excitement, which had come on after exposure to great anxiety during a commercial panic. He had had some previous attacks, and there was some hereditary predisposition to insanity. When I saw him, he talked incessantly, and though he wandered from one subject to another with great volubility, there was an amount of shrewdness and intelligence in his observations which clearly showed him to be a man of education and talent. He slept but little; his skin was cool and moist, his pulse regular, tongue tolerably clean, appetite good, and there was a tendency to constipation. As I was told that the preparations of opium had disagreed with him in former attacks, I gave him for a while from 10 to 20 grains of the purified extract of hyoscyamus at bed-time, but without the slightest beneficial effect. I then tried



the citrated watery extract of opium, beginning with five minims three times a-day, and gradually increased it to twenty: though this quantity was equivalent to ten grains of crude opium daily, it produced no constitutional disturbance nor symptom of narcotism; his pupils remained unaffected, his pulse was steady, his tongue clean, and his appetite good. He had, at the same time, full diet, together with three pints of ale, and four glasses of wine daily; and to keep the bowels open, a small quantity of the watery extract of aloes every night. Under this treatment, his improvement was rapid, and he appeared to be going on as well as could be desired. One morning, however, when he got up, all his symptoms were completely changed: his pulse was now weak and slow; he spoke hoarsely; refused food; his expression was vacant, and he was quite bewildered and lost; the excitement had given way to intense depression, though he became irritable when roused. The sedative was at once discontinued, and he was with difficulty induced to take some stimulants. After a few hours, this condition passed off, and he gradually returned to nearly his former state; but it was evident that he had

received a severe shock, and the progress of his recovery had been arrested. From the suddenness of the change, and the general character of it, I felt satisfied that it was due to masturbation, and subsequent inquiry and watching fully confirmed the accuracy of my opinion. In a few days the sedative was resumed, with the same result as before, again to be followed by one of these attacks. When a favourable opportunity offered, it was taken advantage of to remonstrate against the continuance of this habit, and happily with the best effect, for in a very short time he completely recovered.

It was interesting to watch the powerful effect which the sedative seemed to exert over him during the period of convalescence, for he would fall asleep whenever he sat down. It soon became necessary to reduce it very largely, and when the mind appeared to be restored it was omitted altogether. After a few days, the usual depression which follows recovery from excitement came on, but upon removal to the country, and change of scene, all unpleasant symptoms disappeared, and he was able to resume his former position.

## III.—MELANCHOLIA.

In Melancholia, or mania with depression, there is frequently no delusion detectable, for such patients will answer questions put to them correctly, though in monosyllables; but there is generally great inability to rouse themselves to any exertion. In the majority of cases, their thoughts are for the most part of the most gloomy and unhappy character. Their attention is usually absorbed in a review of all the little faults and omissions of their past life; and these, while they sit brooding over them, they so exaggerate and magnify, that they believe them to have been of the deepest and blackest dye. Sometimes they will say that the officers of justice are coming to take them to prison to be executed or destroyed in some unheard of manner, though they cannot tell what crime they have committed to deserve such a fate, which, whilst they persist in asserting, at the same time admit to be contrary to the laws of the country. Sometimes they say they have sinned against the Holy Ghost and cannot be forgiven. To such an extent, indeed, does this feeling take possession of the mind, that the misery and

wretchedness induced is so great, that life becomes only a prolongation of their misery. It is, therefore, no wonder that they often meditate, and sometimes commit, suicide. Indeed, every case of melancholia should be looked upon as having a suicidal tendency.

In this phase of the disease there is still the same absence of sleep which so constantly accompanies mental derangement. This symptom may not be so apparent, however, as in the other forms of insanity; in fact, in some cases it will not be known at all, unless special attention be directed to the point: for if you ask the friends, they will assure you that the patient does sleep, as he is perfectly quiet through the night; while the patient himself will tell you, with greater truth, that he does not and cannot sleep. There is, in addition, a constant disinclination to take food, often a total rejection of it. This arises, in some measure, from a general derangement of the digestive organs, aggravated by the effect of the delusions upon the will; for most of them think,—that they are unworthy of any consideration,—that food is quite unnecessary, for they cannot die,—that they can do without it as they are condemned to live for ever, or—

that they have no right to take it; and the same feeling leads to a neglect of the bowels, which become much confined.

Sedatives are as useful in this as in other forms of mental derangement, and it is often astonishing to see how they improve the appetite and general condition of the patient. At the same time, attention should be paid to the state of the bowels, since the digestive organs, as I have said, are usually out of order. To relieve the constipation so constantly present, small doses of castor oil are of great use, or a pill containing two grains of watery extract of aloes with two grains of compound rhubarb pill every night; whilst alteratives, together with the mineral and vegetable tonics, are constantly required to improve the tone of the stomach. When there is a strong suicidal tendency, I have found large doses of tartar emetic of the greatest use, and the tolerance of it in determined cases is very great; one grain to begin with rarely produces sickness, and I have often increased the dose at bedtime with a decidedly sedative effect.

When there is total rejection of food, and after the second day's complete fasting—or earlier, if I see the patient becoming weak

even from partial abstinence—I have no hesitation in using the stomach-pump, and by this means I throw into the stomach milk and eggs, with some suitable stimulant. Upon these alone, and administered only once a day, I supported an elderly lady for a period of nine weeks, who, during the whole time, did not voluntarily partake of even a drop of water.

In using the stomach-pump, I prefer laying the patient in the recumbent position, with the head well thrown back; the mouth is readily opened by tickling the fauces gently with the feather end of a quill passed behind the teeth; a short conical notched wooden gag will keep the mouth open, and prevent the teeth from injuring the tube until it can be passed a short way into the œsophagus. Three or four eggs, well beaten up, mixed with about ten or twelve ounces of warmed milk and a little brandy or wine, and sugar to make it palatable, is the dose I find most beneficial. When, however, the stomach is irritable from long fasting, a smaller quantity should be introduced slowly, and repeated in a few hours. If there is much difficulty in getting the mouth opened, there is none in passing the

food through a catheter inserted a short way in the nasal cavity.

It is well known that the great majority of cases of suicide occur where mental derangement and a suicidal tendency have not been previously suspected. After the event, however, many circumstances come to light which lead to the conclusion that the mind must have been affected ; and the evidence brought forward at the inquest almost invariably shows that the deceased had been exposed to some mental anxiety or irritating annoyances. It then also appears that he had not been quite himself for some time, that he had been depressed and out of sorts, that his appetite had been impaired, and he had not been able to sleep as well as usual. The disturbance, however, was too slight to create any anxiety on the part of his friends, or to induce them to seek the assistance of their medical adviser.

The propensity to suicide often shows a marked hereditary tendency, and it becomes necessary, therefore, to watch that family in which any member of it manifests such a propensity. This becomes more important if either of the parents has so fallen ; for there are many instances recorded of a portion, and

even of the whole of a family with this predisposition, making away with themselves. The mode in which they effect their intention is often peculiar. They will avoid obvious, direct, and simple means of accomplishing their purpose, and select a way least suspected, and frequently one which does not offer the best chance of success—such, for instance, as hanging themselves from a peg placed at so short a distance from the ground as to necessitate their leaning forward to produce the necessary pressure, as their feet touch the ground.\* The presence of a razor, knife, or other means of committing suicide, often excites in such persons a sudden desire to use them.

Many insane persons also who believe that persons are attempting to poison them, or who believe that they are to be destroyed for some imaginary crime, anticipate death by suicide.

If there is anxiety and want of sleep, there must be exhaustion ; and in proportion to the

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\* I heard of a lady who fastened the end of a shawl to the bedpost, whilst with the other end in her hand close to her neck, she turned round and round, tightening it at every turn, until she effected her purpose.



degree of exhaustion there must be a weakness of judgment, which will allow the cause of the anxiety and its consequences to stand out in stronger relief than they would otherwise do, and thus the prospect of ruin, disgrace, or degradation to acquire an undue prominence. Such a condition leads to a suspension of the strongest instinct in nature, self-preservation, and from "a mean conception of the great moral purposes of life, such persons terminate their existence the moment it ceases to impart its usual gratification."

The treatment in this latter condition should be precisely the same as that recommended for the ordinary form of mania.

#### IV.—RECURRENT MANIA.

This peculiar form of insanity is not often seen in all its phases out of an asylum, though it is one which requires to be noticed, as it is not of unfrequent occurrence, and may, during the period of excitement, be mistaken for acute mania. It is characterised by attacks of insanity, coming on without any apparent cause, followed by depression and recovery, the period during which these states continue being very uncertain. Sometimes the excite-

ment lasts for a week, a month, or even longer; and is often, from its violence and intensity, not unlike acute mania. Such patients sometimes rave with great incoherence, destroy their clothes, become dirty in their habits, and violent and indecent in their conduct. When this stage has passed off, a short period of depression usually supervenes, when the patient appears to recover, and may not have another attack for years. These three states continue to succeed each other in regular succession, each attack, perhaps, varying in intensity and duration. The appetite, during excitement, is not usually much impaired, nor is there any evidence of general functional derangement, excepting in some cases, when there is intense whiteness of the tongue, and constipation. This form of the disorder is for the most part of a very intractable character, probably from the fact of its occurring, so far as my experience goes, only in persons who have a strong hereditary predisposition to insanity. From the suddenness with which the attack comes on, together with their violent and dangerous character, they are most unsafe persons to be at large. Sedatives have but little beneficial effect in

this class of cases; and the only remedy which I have found to be of decided use is large doses of quinine given during the convalescent period, at the same time strict attention should be paid to the state of the general health.

By this treatment, in some cases the attacks have become less in frequency, and their violence and duration considerably diminished.

#### V.—PUERPERAL MANIA.

When we reflect upon the peculiar condition of the pregnant female, and the shock to which her system is exposed at the period of her confinement, as well as the sudden derangement in the circulation which the change in the determination of the blood from the uterus to the breast must necessarily create, we cannot be surprised to find that she is more susceptible to mental impressions at this, than at any other period of her existence. It is, therefore, after exposure to excitement within a short period of these changes taking place, and before the system can accommodate itself to this altered condition, that we find the greatest number of such persons become insane—affording clear indication of the pro-

priety of guarding the puerperal woman during the first month after her confinement from all causes of vexation, irritation, or excitement, more particularly if she has been insane after any previous confinement, or has any hereditary taint. I know of no symptom by which to distinguish this from any other form of mania produced by moral causes, nor have I found that any different treatment need be pursued.

It is advisable that the mother should cease to suckle her child, or have the care of it, as much on account of the safety of the child as from the exhausting effect which lactation must have upon the mother. Means should of course be adopted to prevent any injury arising from the secretion of milk. A little aperient medicine, and the local application, with friction, of some spirit and oil has generally relieved any anxiety on this score.

Mental derangement frequently occurs in young females from Amenorrhœa, especially in those who have any strong hereditary predisposition to insanity. The age of the patient, the absence of the accustomed uterine function, and the chlorotic look, will at once point to the cause of the mischief. Attention ought there-

fore to be directed to the establishment of the periodic discharge; and this we have always been able readily to effect by improving the general health, and by giving the ordinary *mistura ferri* three times a day, together with an aloetic pill at bed-time. The system is soon charged with blood, and an occasional warm hip-bath, or leeches to the pubis, will accomplish all we desire, and be followed by complete mental recovery.

#### GENERAL TREATMENT—INCURABLE.

Mental derangement consequent upon injuries of the head, sun-stroke, inflammation of the brain or its membranes, severe attacks of fever, delirium tremens, does not always show distinct evidence of its origin apart from a knowledge of the history of the case, and this renders the prognosis sometimes uncertain. Insanity is often set down as being due to injury of the head from a fall, fits in youth, or perhaps an attack of fever some years before, on purpose to conceal an hereditary taint, which the friends of the patient may be unwilling to avow. One of the most important symptoms of organic change in the brain is undoubtedly loss of memory as to

recent events; and whenever this is present it may be regarded as one of a most unfavourable character. Great confusion of ideas, alternate and sudden changes from excitement to depression, vacant, lost look, delusions of an exaggerated character, not confined to one subject, but varying daily, are also found in this class of cases. There is often severe pain in the head, with throbbing or giddiness; and there may be squinting, double vision, blindness, unequally dilated pupils, impatience of light and sound, partial paralysis, twitching of the muscles, and convulsive seizures.

The treatment should of course be directed to removing, if possible, the changes which may be diagnosed as having taken place and produced the disorder. These changes may or may not interfere with the sleep of the patient: in many cases they do not; but in nearly all of them the administration of opium is injurious.

#### I.—GENERAL PARALYSIS.

From this most insidious and fatal disease no class of persons or condition in life appears to be exempt. The early symptoms, though existing for a year or two before the mind

becomes affected, are of a slight and apparently trifling character ; and hence they are not only allowed to pass unheeded by the ordinary medical attendant, but the disease itself is one which medical men in general practice fail to recognise. It is not until the mind really loses its balance, and the patient is taken to an asylum, that the hopeless character of his malady is detected. It is almost incredible, though nevertheless the fact, that the first indications of the existence of so terrible a disorder should be merely a slight thickness of the speech and a quivering of the muscles of the upper lip during conversation, particularly about the angles of the mouth, such as is occasionally produced by emotion. Yet so surely as these symptoms supervene in a person previously free from them, so surely do they indicate the existence of general paralysis. As the disorder advances a difficulty may be observed in the ability to pronounce certain words, especially those with many consonants ; and there will be a tendency to slur them over as if the lips were parched and dry. The patient also gradually acquires a strong feeling of his own importance and ability ; he consequently becomes careless, extravagant, and

reckless in money matters, is irritable and violent when remonstrated with ; and as it is impossible to check him in his downward career, no restraint being allowed by law during incipient insanity, he goes on from bad to worse, indulging in vice and intemperance until the mental symptoms become gradually and fully developed, or they are suddenly ushered in after a convulsive seizure. It is then that the exaggerated nature of the delusions so peculiarly characteristic of this form of the disease becomes manifest, and the patients talk of their own physical condition and mental attainments as without parallel, and count their wealth by millions.

Though they are robust in appearance, and express themselves as being in the best of health and spirits, they afford every indication to the practised eye of being in the very opposite condition. The soft, relaxed, and flabby state of the muscles, the want of lively expression in the face, the unequal pupils, the languid circulation, and dark venous character of the blood in the capillaries, the sluggishness with which wounds and abrasions heal, and the long continuance of slight ecchymosis, afford but too certain evidence of the unhealthy



state of the body. They appear in these respects to be in the opposite condition to the epileptic. During the progress of the disease the tongue becomes tremulous, and they are unable to hold it still when protruded; the gait also becomes affected, the foot being set down with less confidence, and they walk as if in the dark on some uneven ground; there is constantly satyriasis, and almost always impaired memory of recent events. Some become exceedingly destructive and dirty, whilst others are comparatively tranquil, cleanly, and happy. Most of them accumulate all sorts of rubbish, with which they fill their pockets and to which they attach considerable value. An old and experienced attendant used to consider the striking contrast in these two conditions of this class of patients as being due to the paralysis being greater on the right or left side, which he endeavoured to demonstrate, but I have never been able fairly to satisfy myself as to the correctness of this theory.

From impaired voluntary motor power, "the guards," as the late Dr. Marshall Hall used to call them, though still exerting their reflex power, become of very little use, since

the urine and fæces often pass involuntarily and unknown to the patient. From the same loss of command over the muscles of the throat, it is necessary to guard against choking by giving such patients their food cut into small pieces and moist; though even with this precaution, from their ravenous appetite and greedily thrusting everything eatable within their reach into their mouths, they not unfrequently become asphyxiated. Although I have seen several cases in which there has been complete recovery for a time of the mental faculties, I am unable to say to what particular course of treatment this result was due. In one well-marked case in which the excitement came on every evening about bed-time—a not unusual period—a large dose of quinine stopped the periodicity of the attack, and the patient rapidly recovered his mental powers. In other similar cases this treatment has failed to allay the extreme excitement under which many labour. The preparations of opium in any form are inadmissible on account of the aggravation of all the symptoms which they invariably produce. The only sedatives upon which any reliance can be placed are hyoscyamus, bro-

mide of potassium, and chloral, in the usual doses.

As the treatment which has hitherto been adopted for the cure of this disorder has proved in all hands to be but palliative from the patient sooner or later having succumbed to its influence, we are compelled, from our ignorance of the true cause of the malady, to treat symptoms as they arise, though the want of tone in the system evidently points to the use of tonics combined with the mineral acids, together with plenty of nutritious and easily digestible food. For the same reason the abstraction of blood during any period of the disorder should be carefully avoided. I have seen many cases in which the progress of the disease has been much hastened by bleeding during the convulsive seizure which not uncommonly precedes the mental disturbance. These seizures, often caused by the accumulation of hardened offensive scybala in the rectum, are best relieved by stimulating enemata, whilst strict attention to the state of the bowels will tend to prevent a repetition of such attacks.

The pathological changes which are found in the brain of these patients seldom bear any

relation, discernible by the eye, to the symptoms exhibited during life, and minute changes are so much affected by the mode of death, decomposition sets in so rapidly in most or nearly all of those persons who die of convulsions, particularly if they last for any length of time, that little dependence can be placed on them; it is not to be wondered at that softening should be set down as the cause of general paralysis, since persons who suffer from this disease most frequently die in convulsions. From the fact that the first indication of this disorder is manifested in impaired voluntary motor power, I cannot help regarding the mental disturbance in this class of cases as merely a secondary effect and an extension of the original disease to the organ of the mind. Although the mind never recovered its original power, I have yet seen complete recovery of sanity in several instances; but I have never seen any great diminution in the intensity of the physical symptoms, and I think that the morbid change should be sought for in the first instance in that portion of the brain (the cerebellum) which is so intimately connected with voluntary motion. It is remarkable that in

a disease so constantly uniform in all its symptoms no persistent pathological change has yet been discovered.

## II.—EPILEPSY.

The insanity which we find associated with Epilepsy is at first usually of a recurrent character, and the form which it assumes differs from ordinary attacks of mania only in being of perhaps a more spiteful and dangerous character ; many of the most atrocious crimes having been committed by this class of lunatics.

As the derangement appears ordinarily after the epilepsy has existed for years, though not a necessary consequence of it, and as the intensity of the excitement, which occurs chiefly about the period of the convulsive seizures, is often in direct proportion to the violence and duration of the fits, we may, I think, safely assume that the mental disturbance is dependent upon and due to this malady. It becomes, therefore, a matter of considerable importance to weigh well every circumstance which affects the fits as the cause of the major evil—the mental derangement.

It is a matter of common observation in an asylum that the violence of the convulsive

seizures and the associated mental disturbance appear to bear some relation to the frequency of the attacks; for they are less severe when the fits occur often, than when there is a longer interval between them. From this, it might be inferred that some poison, varying in amount in different individuals, was constantly being generated in the system, and as constantly eliminated by convulsions, the frequency and intensity of which may, I think, be taken as the index of the capacity of the system to generate the poison. Hence I object to employing the majority of the variously alleged remedies which have hitherto been used for the cure of this disease. There is no doubt that many of these preparations diminish the frequency of the attacks; but as few of them seem to affect the capacity of the system to generate the poison, they do more harm than good; for when the fits, delayed by these means, do recur, they are of so violent a character as often to kill the patient, the effect apparently being as if all the minor convulsions of the interval had been concentrated into one, which is followed by the alternative of aggravated excitement or death. To the above observation a notable

exception has been found in the use of bromide of potassium, for this undoubtedly diminishes the number as well as the severity of the attacks. I have given 30 grains of the remedy twice a day for a very considerable period with the best result, and I can confidently recommend it combined with bromide of ammonium.

The ordinary physical characteristics of fully developed epileptics are those of a person in the most robust and perfect health. They are stout, muscular, of florid complexion, and have a healthy expression, and the eyes bright and clear. The circulation is good, and though the appetite is large, and there is constant craving after food, the digestive and assimilative functions are unimpaired, but they suffer from constipation. The reparative processes are in the highest state of perfection ; for the most severe contused wounds occasioned by falling in their attacks heal by the first intention, and bruises disappear with marvellous rapidity. In the course of time, however, the mind often becomes permanently affected, and the general health impaired from masturbation, in which most of the males indulge, and from disease of the heart induced by the obstacles

which are opposed to the free circulation of the blood during the convulsions.

From the highly plastic state of the blood, indicated by the rapidity with which injuries are repaired, I have to recommend in the early stages of epilepsy the free use of those remedies which are known to attenuate its constituents. Physical exercise should not be overlooked, and particular attention should be paid to the diet, limiting it chiefly to those articles which are of a light and farinaceous character; for I have constantly observed the severity of the fits to be very much diminished, and mental disturbance entirely averted by attention to this point alone. Counter-irritation produced by setons, cupping, &c., I have long since ceased to regard as of any value.

During the convulsive seizure, everything likely to impede the return of the blood from the head should of course be removed. This is sometimes a matter of difficulty; for epileptic male patients, as a rule, seem to delight in constriction of the throat, and tie their neckerchiefs so tightly as often to require the use of a knife to sever its fastenings. I have never been able to ascertain that this



constriction is other than accidental, but its frequency is remarkable. The head should be kept cool, and moderately raised after the attack, to relax the muscles of the neck. If the attack be more than usually severe or prolonged, a stimulating injection should be given to relieve the bowels, and repeated, if necessary, to remove any accumulation of scybala which may be in the rectum. When severe attacks of epilepsy are accompanied by intense perspiration, a fatal result may often be predicted.

*Case.*—I had a telegraphic message late one evening, telling me to prepare to receive a lady who was coming by rail, and was suffering from acute mania. On her arrival, I found her with all the symptoms of having had a most severe attack, and upon inquiry, it appeared that she had for some years been subject to very frequent slight epileptic attacks, but that she had not had any since she became pregnant, about three months previously, until within a recent period. She was then seized with convulsions, and continued in them for several days. As these left her, her mind became so much affected as gradually to assume the form of acute mania, and as it was

found impossible to manage her at home without an injurious amount of restraint, her removal to an asylum was decided on. She passed a tolerably tranquil night, and in the morning she appeared to be much better, though stiff and aching in every limb, and feeling as if she had had a confused dream. In the course of the day it was evident that the excitement had passed off, and a communication was directed to her husband, who immediately returned to town, and she was removed, by my advice, on the third day: a step I should not have ventured to recommend, had the attack been due to an *ordinary* epileptic seizure.

I refer to this case as one of many, merely to show what may be expected from retention of fits, and to recommend that no person suffering for the first time from such an attack need be sent to an asylum, unless under extraordinary circumstances; because, when it has passed off, another may not occur until the fits are again interrupted, which may not be for years.

### III.—HALLUCINATIONS.

A considerable number of cases of mental derangement, unaccompanied by excitement,

appear to be intimately connected with and dependent upon some abnormal condition of the organs of special sensation, especially hearing. Persons thus affected will say that God talks to them, and tells them what is going to happen, and what they are to say ; that they hear voices telling them to do certain things—sometimes to destroy themselves, for they are so wicked that they are not fit to live ; or calling them most offensive names, or accusing them of crimes of all kinds. These voices come to them from the air or from the walls of the room, or from people in cellars under the floor or ground, and are conveyed to them in a way they cannot explain ; that they can get no rest for them day or night ; that the annoyances are the result of some conspiracy to destroy their character and ruin them. The hallucination is not always confined to voices, for some describe other noises, which they liken to various things, and it is strange that they seldom express surprise when told that no one else hears what they describe.

Sensation or feeling appears to be affected next in frequency, and is almost always associated with hearing. It is not unusual for patients to complain that they are being acted

on by mesmerism, galvanism, electricity, or witchcraft, through some unseen agency, and they will describe elaborate machines by which certain organs are acted on, that these exist in the walls about them; others that they feel as if being blistered, or as if knives were cutting them, or the flesh was being gnawed from their bones; and some point to blood on their hands when there is nothing to be seen; that they cannot lie down in consequence of something being put in or under the bed, which acts on the skin like lime, soda, sulphur, or hot coals. Sometimes they complain of being indecently assaulted.

Taste and smell are often disordered, but not so much so as hearing and feeling. When taste is affected, they accuse those about them of trying to poison them, by tampering with their food. When smell is affected, they, in addition to offensive odours, complain that ether, chloroform, &c., is being given to them to injure or stupefy them.

Though spectral illusions are not uncommon, I have seldom known a marked instance of it in the Asylum; though some see balls of fire, faces, flowers, and other objects on the walls, &c., some mistake personal identity,

and some claim clothing which others wear as their own, but these, I think, are more dependent on impaired reasoning than defective sight. Most of these perceptions and sensations may exist in persons of sound mind (as we have many curious and interesting instances on record), but it is only when they believe that their disordered sensations are the result of external influence; that they are the victims of the malignant spite of some unknown enemy; or that they must be persons of consequence, and have been selected by God as his instrument for some great work, or the object of his wrath, that they can be considered to be of unsound mind.

From the generally intractable character of this form of the disease, and the persistence of the sensations, I am disposed to regard the derangement as due to some organic change in connexion with the nerves of special sensation. I cannot for a moment doubt that they feel the sensations so minutely described; but from defective education or weakness of mind, these patients are unable to refer them to their true cause, and are consequently insane. In such cases, every effort should be made to trace out the origin of the disorder, and to improve

the general health. There may be fulness and congestion about the temples; there may be enlarged tonsil, or the ears may want syringing; the patients may be suffering from indigestion or disorder of the viscera, particularly of the liver, kidneys, or uterus; there may be eruptions of the skin, or it may want cleansing. It will be well, also, to use every means which may tend to divert them from dwelling on their disorder. While attending to these points, the patients should be taught that their perceptions are merely the natural result of disease. It is of no use to tell them that they are under delusions, for their perceptions are far too real to be doubted. They, at the same time, should be carefully watched, for such is the misery produced by the incessant annoyance that life becomes unbearable, and they sometimes take refuge in suicide; or injure those they suppose to be persecuting them, as they can get redress in no other way.

I remember the case of a lady who suffered intensely from this form of disorder for upwards of ten years, eventually enabled, by reasoning with her, to see that the perceptions which troubled her were due to disease, and she again resumed her position in society.

Recently two females suffering from a severe form of this disease, which came on in each case after an attack of acute rheumatism, completely recovered.

I may here mention, that lunatics who are deaf are generally of a very suspicious and dangerous character, from their believing that those about them are talking of and abusing them, and they seldom get well. This may be partly due to the difficulty of reasoning with them, and ascertaining the extent of their mental disturbance.

To show how the persistence of disordered sensation overwhelms the reasoning faculties, and how useless it is to reason or hope to satisfy the subjects of this disease that it is not due to external agency, but to disease within themselves, I will relate the case of a physician in whom I took great interest, and used my utmost endeavour to prove to him that he himself was the subject of disease, and not the victim of conspiracy. He was brought to me as a pauper, his disease having, for the previous eight years, compelled him to move about from place to place at a loss to avoid persecution, until it had reduced him to poverty.

Finding that he was a gentleman and well-informed, I placed him amongst the private patients. For a time he was reticent about himself, for I had reasoned a good deal with him about his hallucinations, and had lent him De Boismont's work on the subject, as well as Barlow on man's power to control and prevent insanity, to read, and I pointed out to him other patients suffering from similar hallucinations. His impression was that a rich man was jealous of him, and used his power and wealth to injure his professional reputation in every way; that he employed people to slander him, and slight his professional ability—to point and sneer at him as he passed along. He found he lost his patients without knowing why, and for this reason he had removed from one practice to another, until he lost all his means.

About ten months after his admission, he began to accuse those around him, patients and attendants, of pursuing the same system of annoyance at the instance of this enemy, and also of acting indecently towards him during the night in the dormitory in which he slept. This, he said, had been done ever since he came, though he had hitherto said nothing



about it. About this time he got up in the middle of the night without any previous warning, and violently assaulted the attendant who slept in the room with him, as he believed that he was the one who had insulted him. After this assault he slept in a room by himself, where he had not been many nights before he complained of the night attendant coming into his room whilst on his rounds, and assaulting him in the same way whilst asleep. Upon this the attendant was told not to visit him; but as the annoyance still continued, in spite of the attendant's assertion that he had not been into his room, I allowed him to have a wooden button on the door, which would prevent any one from entering the room without his permission. In a few days he complained that the attendant still got into his room, and had some means of undoing the fastening and replacing it again, though he could not point out in what way this could be done, unless the panels of the door were movable. I allowed him to examine these carefully, and had nails driven into the panels where he thought they might be made more secure. As this did not save him from the annoyance, he next asserted that some one

got in through an inspection door—an opening about six by eight inches in the middle of a panel—and out again before he could catch him. I therefore had a board nailed over to his satisfaction. As he still experienced the annoyance, he said they must enter by a ventilating opening in the middle of the ceiling, eight inches square, and covered with perforated zinc. The difficulty of getting either in or out by such an opening made no difference. He maintained it could be done, with proper appliances and assistance. To show him how impossible it was, I showed him that access to the opening could only be obtained through the floor of a room above, and I had some planks removed to prove to him how completely the place was protected. Whilst admitting he could not see how an entry could be got in that way, he was positive that access was got to him by the ventilator, so I had it boarded over. All power of access to the room being now made impossible to his own satisfaction, without alleviation, I had a stout box made, just sufficient to cover him comfortably whilst in bed, open at top and one end. This fitted over him whilst lying, and I had straps nailed to the inside for him to slip

his arms and feet into, so as to prevent it being raised when asleep without his knowledge. Even with this he said some one got in, and passed their hand down between him and the box ; so, at his suggestion, I had a stout net made to go over his head, and render it impossible for any one to get near him—of course, without relieving him of his malady. His hallucinations all this time were to him very distressing ; for he believed that the whistle of the railway was merely the signal for the conspirators to assemble and persecute him, and that we were all in league against him. At last he fastened his door so that we could not get near him at all, which ended all my indulgences and attempts to convince him of his disease. He was soon after removed to a county asylum, and I heard no more of him.

#### IV.—MASTURBATION.

When insanity is suspected in young men under twenty-five years of age, particularly those who have been carefully brought up under the anxious supervision of their friends, and have lived apparently in a most exemplary and becoming manner, and who, from not being allowed to mix freely with the

world, have escaped the trials and temptations of life; and if the symptoms are chiefly of a negative character, shown more in the absence of any positive indication of derangement than otherwise, such as secluding themselves from society, avoiding conversation; if they are at the same time pale and out of health, generally morose and apathetic, occasionally impulsive, violent, and irritable; if they speak to you in a pert manner, with averted face, have a peculiar leaden appearance of the cornea, dull expression, damp, clammy hand, and languid circulation; there is every reason to fear that these symptoms are due to habits of a most pernicious character.

From the frequency with which this class of persons have been brought under my observation, after the mind has become affected, and from the symptoms being as distinctly recognisable as those of any other special disease with which I am acquainted, I do not hesitate to ascribe this form of the malady to self-abuse.\* Sometimes they will deny the

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\* It is commonly stated by writers on this subject, that masturbation is a frequent cause of epilepsy; but it is a fact that the true masturbator is never epileptic, whilst there are few epileptics who are not masturbators.

sane, I have met with only one instance in which I could say that the mental disturbance was due to this vice; and this patient continues in a hopeless state of dementia.

#### V.—DIPSOMANIA.

The forms of insanity which the medical practitioner will find the greatest difficulty in dealing with are those which arise from intemperance, both on account of the utter inability of the individual to resist that indulgence in intoxicating liquors which a moderate quantity seems to excite, and from the complete absence of every symptom of mental derangement when drink is withheld. Unfortunately, the number of such cases are not rare; and I am sorry to state that the majority of those which have come under my own observation have been females. As long as any physical control can be exercised over the subjects of this unfortunate propensity, they continue perfectly well and free from mental disorder; but the moment that control is removed they fly to their bane, and whilst some in a few days are raving mad, others lose all sense of decency and shame. Experience has proved, that to expect any benefit

from reasoning with such persons is quite out of the question. They will listen attentively to your remonstrance and promise never to taste stimulants again; for there is no class of persons who will preach repentance or talk morality better than they, whilst at the very time they are plotting how to get a supply. Even with physical control at their own homes, their whole attention appears to be directed to the best way of baffling their custodian, a contest in which they almost invariably succeed. Confinement in an asylum has no effect in deterring them from indulging in their favourite vice; and yet it appears to be the only way of keeping them sane, saving their lives, and preventing them from being a trouble and disgrace to their friends, or in bringing ruin and misery on all connected with them. I had a lady lately under my care who literally stripped her house of every article of linen, bedding, clothing, or pawnable furniture, whose home and person were filthy in the extreme, and whose last act was to take the shoes from off her children's feet to sell for drink; and yet she had but little apparent mental aberration, though she told the most atrocious falsehoods of her hus-

band with the utmost coolness and address. Previous confinement here had no effect in curing her of her depraved habits, nor did I expect that anything but continued restraint could prevent her from again having recourse to stimulants whenever an opportunity offered. She has since died miserably.

No medical treatment that I am acquainted with has had the slightest effect in rescuing this class of persons from their unfortunate propensity. The only way they can ever hope to become respectable members of society is by total abstinence; for they seem to have no power to resist excess when once they begin to drink. I have only known one dipsomaniac able to remain free from the supervision of others, and she had the power to keep the pledge after having taken it. For many years she continued to enjoy good health, though her repentance came too late for her own happiness. Her mother and sisters had died while she was unfit to be received by them.

#### ON THE RESPONSIBILITY OF THE INSANE.

As medical men are occasionally called upon to give evidence in cases of insanity before a

criminal court, they not unfrequently, in their desire to save the prisoner from the consequences of his crime, give opinions regarding his mental state at the time of committing the act which, on cross-examination, they are unable satisfactorily to support, and are consequently led into contradictions which counsel make the most of. It will be well for them, therefore, to bear in mind that the crucial questions which may be asked, having heard the evidence given in court, are—

1. What condition was the person in at the time of committing the act—sane or insane?

2. Was he conscious at the time of what he was doing?

3. If conscious, did he know whether he was doing right or wrong?

If he should say that the prisoner did not know what he was doing and unable to distinguish right from wrong, he must be prepared with good and sufficient reasons to support the statement. My own opinion is that a large proportion of the insane know perfectly well what they say and do, and are as capable of appreciating kindness and resenting harshness as sane people, though they



are not capable of exerting as much control over their propensities, by reason of the undoubted general mental weakness which any form of insanity is the symptom and evidence.

In persons who are subject to fits, however, cases are recorded where they have been known, soon after an attack, to do things which have all the appearance of being done with complete knowledge of the act; yet when spoken to about it afterwards, it has been ascertained that they were quite unconscious at the time.

When a crime is committed during a paroxysm of blind fury, such as occurs during an attack of acute mania, it is possible to understand that the patient may not know what he is doing, and be utterly unconscious of what is right and wrong; but when a mother calmly and deliberately cuts her child's throat, she must at the time know what she is doing, and also that she is doing wrong, but on account of her disease, mental weakness, she may be utterly incapable of resisting the impulse to destroy which is uppermost and all-powerful at the time.

In the same way, when a man shoots another

from a belief that he is being persecuted by that man (unfortunately a common form of mental disorder), though he knows what he is doing, and believes that the act is the only one which will give him relief from a supposed enemy, he can scarcely be considered responsible, for were it not for disease he would not have the delusion that he was being persecuted; so that the question as to the knowledge of right and wrong ought not, in my opinion, have attached to it the responsibility which the fifteen Judges, in their deliberate reply to the questions submitted to them by the House of Lords, after the trial of M'Naughten for the murder of Mr. Drummond, considered it should have.

#### ON THE PREVENTION OF INSANITY.

We cannot but admit that the struggle for position and existence incident at all times to civilized life, imparts an increased activity to all our emotions, and these, when over-excited and uncontrolled by reason, give rise to insanity. Hence it is out of the question to expect that, as long as we are in our present state of being, insanity can be entirely prevented. At the same time man has it in his

power to do very much both towards averting so terrible a disease from himself, and checking its perpetuation in others.

By following the principles and practice which our religion inculcates, he can exercise a powerful control over all that class of causes (the moral) to which the great majority of cases of insanity are due. To suppose, as has been often popularly suggested, that by adopting such a course an attack of insanity has ever been produced, or even a tendency to it incurred, is in direct contradiction of everything we know practically upon the subject. For the Christian derives from the teachings of his religion such comfort and consolation during the afflictions and trials of life, as enables him to moderate his emotions, and prevent them from having such uncontrolled sway as would lead to that physical disturbance which precedes, and ultimately constitutes, the disease; while it arrested the uplifted hand of Cowper in the act of suicide. The perversions and delusions of a religious character, which exhibit themselves in many cases when adversity sets in, arise from an overwhelming consciousness of neglect of

duty, and are due to remorse, and not to religion.

By education, and the cultivation and exercise of his reasoning powers, man may so strengthen his judgment, that should he at any time become the subject of hallucination, he will be able at once to perceive the true relation between phenomena and their cause (as in the oft-quoted case of Nicolai, the bookseller of Berlin), and save himself from insanity. On the other hand, by neglect of education, and an ignorance of natural phenomena, he will attribute the hallucinations to conspiracy, witchcraft, galvanism, or the special interposition of the Almighty, and consequently be insane.

By abstaining from the horrible and degrading vices of intemperance and self-pollution, man has it also in his power to avoid direct and prolific causes of insanity in its worst and most incurable form.

If there be a predisposition to insanity derived from parents, he can neither eradicate nor remove it; but, with a knowledge of such taint (which, as a rule, the father transmits to the son, and the mother to the daughter),

he may be able to shape his conduct in his path through life so as to escape an attack altogether.\*

Marriage with near blood relations, when there is any peculiarity, should be avoided. Drunkenness, great disparity of age,† and hereditary taint, should also form a bar to matrimony, from the well-known tendency which offspring, under such circumstances, are known to inherit.

From the fact that man is able to control his passions and propensities in the presence of a superior, or under the influence of fear, whilst in the absence of such incentives he falls an easy victim to his emotions, it is clear that he has at all times the power, if he

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\* As an example of the terrible effects of hereditary transmission, I may instance one which, in consultation, lately came under my notice in the family of a tailor. His wife had always been an epileptic, and had had eighteen children, of whom, at the time referred to, six were living, all more or less afflicted with epilepsy and congenital deficiency, six had died at various ages of convulsions, and six were prematurely born dead during her own attacks.

† Burton remarks upon the authority of the older medical writers, that the offspring of parents advanced in age were given to melancholy.

choose to exert it, to control those propensities which the feelings of awe and fear enable him so easily to regulate; and awe will then exercise its proper and most beneficial influence when he lives under the abiding impression that, even when alone, he is still under the eye of One who is not only a witness, but a judge of actions.

#### GENERAL REMARKS.

When called to attend upon an insane person in the early stages of the disorder, the medical practitioner should bear in mind that his success with his patient will very much depend upon the impression first produced by his own conduct and demeanour. He should therefore, before visiting him, make himself thoroughly acquainted with every particular connected with the patient's condition. And, that he may gain his confidence, he must approach and treat him as much like a sane person as possible. It is well known that the insane are exceedingly suspicious, and quick to detect any deceit practised upon them. They are also jealous of the intrusion of strangers; and as they do not, for the most part, admit the necessity for advice, they

decline to have anything to say to a medical man in his professional capacity, though, at the same time, they are often willing to converse with him as a friend upon the subject of their aberrations. He should listen attentively to all they have to say, for they regard many inquiries with suspicion; and, if he cannot agree with their observations, he should refrain from direct contradiction. He may ask them for some corroborative evidence as to the correctness of their statement, and whether they have not misinterpreted the facts supposed, or otherwise, to which they refer. He should never treat their aberrations, in the first instance, lightly, but should rather with all seriousness sympathize with them in their troubles, and gradually lead them to reason more logically upon the subject. This, however, must be done with care and with truth; for, however unable patients may be to reason correctly themselves, they are quick to detect any deficiency on the part of others, and never trust nor forgive those who have tried to mislead them. I shall never forget the remark made to me by a patient who suffered from recurrent mania in a very severe form, during one

of his lucid intervals. He had overheard me reasoning one day with a gentleman who had fallen into offensive habits, which I was anxious to rectify, as it was uncomfortable to himself and disagreeable to those around him.

"Ah, sir," he said, "you never know what influence your remarks have upon your patients, though they do not appear to notice them at the time. Mr. ——— told me after he got well that it was entirely owing to what you said which made him exert himself to overcome the habit he had fallen into."

After some general conversation, they may be brought to admit that they do not sleep well, and are otherwise out of sorts, and in this way they may be induced to take such remedies as may be necessary for them. During the progress of the case, the aberrations should be referred to as little as possible; and then merely to test their existence and intensity.

In some cases, a question may early arise as to the propriety or possibility of treating the patient at home, or of sending him to an asylum; and before deciding upon a matter of so much importance, it will be well to consider the advantages or disadvantages of



either plan, and the effect that each is likely to have upon the patient's position and prospects. In the former, there will be the difficulty of inducing him to submit to any plan of treatment, from the unwillingness to admit that there is anything amiss with him; and it will not be easy at home to restrain him from a repetition of the excesses or irregularities of which he has been guilty, without exciting strong feelings of resistance. When he finds that he is disobeyed by his servants, unsupported in his orders by his family, and that he is a prisoner instead of a master in his own house, the irritation and annoyance which such a state of things must inevitably set up, will operate powerfully against his acceding to any proper course of domestic treatment. With firmness, discretion, and a competent attendant, however, I believe that this difficulty may be overcome; and the patient, after his recovery, will be much more likely to forgive restraint in his own home, than if he had been sent as a certified lunatic to an asylum.

These observations apply more particularly to professional men, whose existence depends on the confidence of the public, and to those

who are dependent upon their own exertions, and who may be suffering from an acute or other form of mania, from which they are likely soon to recover. For such is the feeling of distrust and suspicion with which those who have been afflicted with insanity are regarded by the world, that, when once the fact becomes known, it operates as a blight upon their future prospects. This feeling is so general, that it is shared in even by the patients themselves, and so heavily does the consciousness of it press upon them, that they often take a dislike to all who were instrumental in affixing the brand upon them; wife, relations, and medical men who signed the certificate, share in the aversion, and in many cases it becomes the source of much domestic misery.

Notwithstanding the many advantages to the patient which are known to result from his removal to an asylum, I am not prepared, for the reasons above stated, to advocate the transference of recent curable cases from private treatment; for, with a correct knowledge of the disease, and by judicious management, the acute symptoms may be as readily overcome as an attack of delirium tremens, when

change of scene and temporary removal from accustomed associations will complete the recovery.

In the above remarks, I do not mean to include persons who are afflicted with any of the incurable forms of insanity, or those who may be suffering from attacks which are likely to incapacitate them for further useful employment—such as general paralysis, epilepsy, chronic hereditary mania, imbecility, &c.—for all such persons an asylum is undoubtedly the best place. There every advantage which skill and experience can suggest is offered to the patient, at little comparative expense, without anxiety to the friends. To avoid the publicity which residence in a private asylum is supposed to entail, relatives excuse themselves from adopting this course, under the popular and fallacious plea that association with other insane persons must be injurious—a plea plausible enough on the face of it, but in itself utterly groundless, and only entertained by those who have no practical knowledge of the subject. In an experience of upwards of thirty years, and constant association with several hundred lunatics, I have never seen any injurious effect produced upon a conva-

lescent patient by association with even the worst lunatics; indeed convalescent patients constantly refuse to be removed to a quieter ward prior to their discharge. With questionable humanity, they prefer keeping their insane relatives at home, confined in an attic or some out-of-the-way room, without any medical supervision, and placed under the care of a servant unskilled and inexperienced. Lest the afflicted patients should be seen and recognised, they are scarcely allowed to pass the door, at least in the daytime, a confinement which in due course tells fatally on their health. They fall into a hopeless state of dementia, and becoming dirty in their habits, are more neglected than ever. At last it is found impossible to keep them in a private dwelling, and they are consigned to an asylum. Here, with proper attention and the treatment derived from the experience of late years, they improve so much as to lead to the well-founded belief that, had they been placed under such care in the first instance, they would have been able, at the least, to enjoy their existence more like one of God's rational creatures than the degraded being to which they have sunk. Such, in-

deed, is my own experience with reference to a great number of persons who have been sent to this Asylum after having been so treated for many years, most of them surviving the injudicious friends or relatives to whose pride and prejudice they had been sacrificed. An asylum does in reality offer more privacy than can be secured at home, for domestics amongst immediate friends will gossip about family failings.

It may be well to observe that whenever a medical practitioner detects in any patient the slightest tendency to an attack of insanity, it becomes an act of kindness and of duty to make inquiry as to the settlement of his property, and to recommend early attention to this point; for it must be borne in mind that every day's delay diminishes the validity of any legal disposition of it. If the property be small, and likely to be required during illness, steps should be taken to make it available by power of attorney, for much inconvenience is constantly felt from such oversight. The savings which may be in the bank cannot otherwise be touched without a commission in lunacy, a proceeding which, under the

most favourable circumstances, is expensive and tedious.

It often happens that circumstances exist which prevent the possibility of a person being treated at home while suffering from mental aberration, and his removal to an asylum becomes a matter of necessity. The law requires, before this can be effected, that two medical men, from personal observation, shall certify that the patient "is of unsound mind, and a proper person to be taken charge of, and detained under care and treatment." This provision of the law deprives many of these persons of the advantages which treatment in the early stage of the malady would confer. For until the disorder has become fully developed, a certificate to the above effect cannot previously be signed. A stranger to the patient properly refuses to give a certificate unless undoubted symptoms of insanity exist. I have known several cases of mental derangement which would have been much benefited had it been possible to receive them when the first symptoms of an attack became evident; but they were obliged to wait until the symptoms became more pronounced, and the disorder had gained such ground as to

leave no doubt of their state. This delay has sometimes proved fatal, the patient having in the mean time destroyed himself. It should be enough for the medical attendant of the family to make an affidavit of the insanity of the patient; but to call in a stranger to confirm, no matter how carefully, opinions already maturely formed, and to make him acquainted with family failings, is a positive injury, and gives no additional protection whatever to the patient.\* The best safeguard for the public

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\* "Moreover, experience shows that there is frequently great unwillingness on the part of relatives to send to asylums patients who are suffering from the milder and incipient forms of insanity. Yet these are precisely the cases in which removal from the home circle is most likely to exercise a beneficial influence. This unwillingness appears to be in a great measure due to the necessity of obtaining two medical certificates of insanity and the Sheriff's order, before a patient can be placed under treatment—formalities from which many sensitive minds shrink until the malady has been confirmed. Indeed, it may be said that the precautions which are intended for the welfare and protection of the patient are frequently calculated to affect him most injuriously, by delaying appropriate treatment until the mental aberration has become so apparent, that two medical men, on a cursory examination, can without hesitation certify to its existence."—*Commissioners in Lunacy for Scotland. First Report.*

would be the consent of a qualified paid public officer, sworn to secrecy like the Commissioners in Lunacy themselves, before whom the medical affidavit could be made, as well as an affidavit of the party signing the order relative to the property, and of his or her interest in the welfare of the patient. As the law at present stands, no such inquiry is made of the person authorizing the confinement. Unless a person is palpably mad—that is, in the *public* acceptation of the term—medical men now hesitate to “certify,” though perfectly satisfied of the insanity of the patient, and of the necessity for his being placed under proper treatment: and they do so in deference to the popular outcry which has always been raised against private asylums—an outcry which the inquiry of a Select Committee on Lunatics some years ago proved to be perfectly unfounded. No better evidence of this need be referred to than the reply of the noble lord who, with unwearied zeal, has been at the head of the Lunacy Commission for nearly fifty years. To the question of Mr. Tite (*Rep.* 1859, *Quest.* 285);—

“Do you think the single system an advantageous one for the patients?” he said:



“From the bottom of my heart I would advise anybody, if it should please Providence to afflict any member of his family, to send him or her to a private asylum. If my own wife or daughter were so afflicted, and I could not keep her in my own house, under my own eye, I would send her to a private asylum—to a good private asylum; because there are remarkable examples of excellence and comfort among them: but as to sending them to single houses, it is consigning them to absolute misery.”

#### ON ASYLUMS, PUBLIC AND PRIVATE.

As the public generally are quite ignorant of lunacy matters, and look to their medical attendant for advice and direction, the following observations may not be out of place, premising that they apply solely to the middle classes of society.

*Public hospitals*, almost without exception, receive persons who are maintained entirely from private means. As they are managed by a committee of gentlemen (and such of them as are situated beyond the metropolitan district are officially visited and inspected quarterly

by a committee of justices of the peace annually appointed at quarter sessions), a degree of publicity is given to all proceedings connected with them, which cannot but be gratifying to the friends of those patients who have any fear of the improper detention of their relatives.

Most of these hospitals devote the profits derived from the rich inmates to the general expenses of the institution, and are thus enabled to assist the less wealthy. They therefore maintain many of the poorer patients at a less sum than their actual cost. As each hospital has its own special arrangements, their rules can be obtained on application; it is therefore unnecessary, in this place, to refer to them further. There are two, however, in London—Bethlem and St. Luke's—which offer such advantages to the poor and educated classes, by their receiving curable patients, free of all expense, for a period not exceeding twelve months, that they require some notice; and I cannot do better than copy the special instructions which appear on the forms supplied by them.

## BETHLEM HOSPITAL.

"All poor lunatics, presumed to be curable, are eligible for admission into this hospital, for maintenance and medical treatment, except—

"1. Those who have sufficient means for their suitable maintenance in a private asylum.

"2. Those who have been insane for more than twelve calendar months, and are considered by the resident physician to be incurable,

"3. Those who are in a state of idiocy, or are subject to epileptic fits, or whose condition threatens speedy dissolution of life, or requires the permanent and exclusive attendance of a nurse.

"N.B. — A preference will be given to patients of the educated classes; to secure accommodation for whom, no patient will be received, who is a proper object for admission into a County Lunatic Asylum."

## ST. LUKE'S HOSPITAL.

"All lunatics, presumed to be curable, shall be eligible for admission into this hospital for maintenance and medical treat-

ment, 'free,' excepting those who are disqualified by the following rules, viz. :—

"1. The possession of sufficient means for decent support in a private asylum.

"2. Having been insane more than twelve calendar months.

"3. Having been discharged uncured from any other hospital for the reception of lunatics.

"4. Being subject to epilepsy, apoplexy, organic disease of the brain, paralysis of the insane, or being in a state of idiocy.

"5. Being pregnant.

"6. Being under the age of twelve or above seventy years.

"7. Being brought in a state of infectious disease or extreme debility, or in a dirty condition, or without a proper supply of clothing.

"8. Being in the receipt of parochial relief or alms from his or her parish."

There are other regulations in both of these hospitals as to securities for the removal of the patient when called upon, for the supply of clothing, &c., which are easily complied with.

*County Asylums* receive those patients only

who are sent to them through a parish, and are consequently *pauper asylums*, though a few of them admit persons in humble circumstances for a small weekly payment, but without making any distinction from the other inmates.

*Private Asylums* differ chiefly in being under the entire direction and control of the proprietor or superintendent, who is not hampered by the formal rules which must exist in all public institutions. In this respect, also, they offer more scope for carrying into effect the principles of an axiom, which guided me more than twenty years ago, when preparing for the opening of a new County Asylum;\* it is one which every day's subsequent experience proves the truth of, and one which ought never to be lost sight of in the treatment of this disease—it is, “*that everything which tends even in a remote degree to produce a feeling of uneasiness or irritation is opposed to its successful treatment;*” the arrangements are more like those of a private family, and offer a greater degree of privacy to those who do not wish it to be generally known that

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\* See 1st Annual Report, Bucks County Asylum, 1854.

they have a relative insane. All asylums are subject to strict official inspection, and in this respect are much upon a par. Those situated within the metropolitan district derive much advantage from being specially under the supervision of the Commissioners in Lunacy—a body of gentlemen whose general experience, from careful comparison of the different modes of treatment and management which are brought before them during their official visits to the various asylums in the kingdom, gives them a qualification to advise which is possessed by no other body of asylum visitors.

Private asylums also offer greater facilities for the visitation of patients by their friends, one of the best safeguards against their neglect or ill-treatment. On this point I have to remark, that patients who are not dangerous should always be seen alone, that they may have every opportunity afforded them of stating unreservedly any grievance or complaint to their friends. If these appear to interfere with the comfort of the patient, they ought not to leave the establishment without ascertaining their validity by communicating with those in authority. Patients often make unfounded charges, and exaggerate

and distort ordinary or trifling occurrences, for the purpose of acting upon the feelings of their friends, in order to effect their liberation, as indeed I have known them to confess; or the charges may be made to annoy or get rid of an attendant to whom they may have taken a dislike. Yet, if complaints are really founded on fact, the sooner they are known and remedied the better.

ON THE FORM OF ADMISSION OF PRIVATE  
PATIENTS TO ASYLUMS.

No person, not a pauper, can be received into any asylum or licensed house or private care without the authority of some person, together with two medical certificates of insanity on a printed form, of which the following is a copy. These certificates need not be filled up, signed, and dated on the day of examination; but the examination of the patient must be made, in every case, within seven clear days before admission, and not at the house where he is to remain, nor on the premises.

## ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

I, the undersigned, hereby request you to receive *James Thompson, Sen.*, whom I last saw at 600, *Cambridge Road, Bethnal Green*, on the (1) *fourth* day of *April*, 1877, a (2) *person of unsound mind*, as a Patient into your House.

Subjoined is a statement respecting the said *James Thompson, Sen.*

(1) *The Patient must be seen by the person signing the Order within one month previous to the date of it.*

(2) *Lunatic, or an idiot, or a person of unsound mind.*

SIGNED, Name, *James Thompson, Junior.*

Occupation (if any). *None.*

Place of Abode, *600, Cambridge Road, Bethnal Green.*

Degree of Relationship (if any) or other circumstances of connexion with the Patient. } *Sen.*

Dated this *fourth* day of *April*, *One Thousand Eight Hundred and Seventy-seven.*

DR. MILLAR,

*Superintendent of Bethnal House Asylum.*

## STATEMENT.

*If any Particulars in this Statement be not known, the Fact to be so stated.*

Name of Patient, with Christian Name at length . . .	{ <i>James Thompson, Sen.</i>
Sex and Age . . . . .	<i>Male, 64 years.</i>
Married, Single, or Widowed . . . . .	<i>Married.</i>
Condition of Life, and previous Occupation (if any) . . .	<i>Gentleman.</i>
The Religious Persuasion, as far as known . . . . .	<i>Church of England.</i>
Previous Place of Abode . . . . .	<i>600, Cambridge Road, Bethnal Green.</i>
Whether First Attack . . . . .	<i>Yes.</i>
Age (if known) on First Attack . . . . .	<i>Sixty-four.</i>
When and Where previously under Care and Treatment . .	<i>Nowhere.</i>
Duration of Existing Attack . . . . .	<i>Six weeks.</i>
Supposed Cause . . . . .	<i>Not known.</i>
Whether subject to Epilepsy . . . . .	<i>No.</i>
Whether Suicidal . . . . .	<i>No.</i>
Whether Dangerous to others . . . . .	<i>No.</i>
Whether found Lunatic by Inquisition, and Date of Com-	} <i>No.</i>
mission or Order for Inquisition . . . . .	
Special circumstances (if any) preventing the Patient	} <i>None.</i>
being examined before Admission, separately, by two	
Medical Practitioners . . . . .	
Name and Address of Relative to whom	} <i>James Thompson, Jun., 600, Cam-</i>
Notice of Death is to be sent . . . . .	
	<i>bridge Road, Bethnal Green.</i>

(3) *Where the person signing the Statement is not the person who signs the Order, the following particulars concerning the person signing the Statement are to be added.*

SIGNED, Name (3), *James Thompson, Jun.*

Occupation . . . . .

Place of Abode . . . . .

Degree of Relationship (if any) or other circumstances of connexion with the Patient. } . . .



## BLANK FORM OF MEDICAL CERTIFICATE.

(<sup>1</sup>) *Here set forth the qualification entitling the person certifying to practice as a physician, surgeon, or apothecary.*

I, the undersigned, being a (<sup>1</sup>)

(<sup>2</sup>) *Physician, surgeon, or apothecary, as the case may be.*

and being in actual practice as a (<sup>2</sup>)

hereby certify, that I, on the \_\_\_\_\_ day of

One Thousand Eight Hundred and Seventy

(<sup>3</sup>) *Here insert the street and number of the house (if any) or other like particular.*

\_\_\_\_\_, at (<sup>3</sup>) \_\_\_\_\_ in the County of \_\_\_\_\_ separately from any other Medical Practitioner, personally examined

(<sup>4</sup>) *Insert residence and profession or occupation (if any).*

of (<sup>4</sup>)

and that the said

(<sup>5</sup>) *Lunatic, or an idiot, or a person of unsound mind.*

is a (<sup>5</sup>) \_\_\_\_\_, and a proper person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds—viz.:

(<sup>6</sup>) *Here state the facts.* 1. Facts indicating Insanity observed by myself (<sup>6</sup>)

2. Other facts (if any) indicating Insanity, communicated to me by others (<sup>7</sup>)  
(<sup>7</sup>) *Here state the information and from whom.*

SIGNED, Name

Place of Abode

DATED this \_\_\_\_\_ day of  
One Thousand Eight Hundred and Seventy

## MEDICAL CERTIFICATE PROPERLY FILLED.

I, the undersigned *John Millar*,

(<sup>1</sup>) *Here set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary.*

being a (<sup>1</sup>) *Licentiate of the Royal College of Physicians, Edinburgh,*

(<sup>2</sup>) *Physician, surgeon, or apothecary, as the case may be.*

and being in actual practice as a (<sup>2</sup>) *Physician,*

(<sup>3</sup>) *Here insert the street and number of the house (if any) or other like particular.*

hereby certify, that I, on the *fourth* day of *April*, *One Thousand Eight Hundred and Seventy Seven*, at (<sup>2</sup>) *600, Cambridge Road, Bethnal Green*, in the County of *Middlesex*, separately from any other Medical Practitioner, personally examined *James Thompson, Sen.*, of (<sup>4</sup>) *600, Cambridge Road, Bethnal Green, Gentleman*, and that the said *James Thompson, Sen.*, is a (<sup>5</sup>) *Person of unsound mind*, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds—viz.:

(<sup>4</sup>) *Insert residence and profession or occupation (if any).*

(<sup>5</sup>) *Lunatic, or an idiot, or a person of unsound mind.*

1. Facts indicating Insanity observed by myself (<sup>6</sup>)

(<sup>6</sup>) *Here state the facts.*

*He is incoherent in his conversation, violent in his conduct, and quite unable to take care of himself.*

2. Other facts (if any) indicating Insanity, communicated to me by others (<sup>7</sup>).

(<sup>7</sup>) *Here state the information and from whom.*

*His son, James Thompson, Jun., informs me that he has threatened to commit suicide, and has twice attempted it with a razor.*

SIGNED, Name.—*John Millar.*

Place of Abode.—*Bethnal House, Bethnal Green.*

DATED this *fourth* day of *April*, *One Thousand Eight Hundred and Seventy-seven.*

ON THE ORDER FOR THE RECEPTION OF  
A PRIVATE PATIENT.

This order is usually signed by the nearest relative of the patient, or by the person who is responsible for his maintenance, and who must have seen the patient within one month prior to the date of the order. The patient must be admitted within one month from its date. It may be signed before or after the medical certificates. The blank spaces, together with the queries in the "statement," are of so simple a character that it is unnecessary to give any directions with reference to them, except to observe that when a reply is not known, it should be so stated, instead of being left unanswered; the last query, "special circumstances, &c.," is to permit the reception of a patient on one medical certificate in a case of emergency only. This so rarely occurs as to be seldom acted on; and it is as well—for it involves a subsequent examination by two other medical men within three days of such reception.

## MEDICAL CERTIFICATES.

The law requires that the medical men who sign these "shall not be in partnership with or assistant to the other;" also that

No medical man who (or whose father, brother, son, partner, or assistant)	is interested in, or a regular medical attendant of, an asylum, shall sign the medical certificate for the admission of a patient into that asylum. shall have signed the order for the reception of a patient into an asylum, shall sign the certificate at all. shall have signed the certificate of a patient, shall take charge of such patient, or by his servants or agents, or be the regular medical attendant of such patient, whilst under care or charge under such certificate.
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The medical certificate can only be signed by members of the profession, and in actual practice, who are duly registered under the Medical Act of 1858.

The following observations apply equally to the certificates required for the asylums in

Scotland, the form in that country differing from the English only in one unimportant particular. "Certificates signed, or founded on medical examinations made elsewhere than in England and Wales (the extent of the Commissioners' jurisdiction), are not accepted as a valid authority for the detention of a patient within that jurisdiction."

#### DIRECTIONS FOR SIGNING CERTIFICATES.

The medical man having satisfied himself of the insanity of the patient, and the necessity for his restraint, will then proceed to fill up the form provided for the purpose; but before doing so he should first of all carefully read over the marginal directions which he will find upon it; for although these may appear to be unimportant, as they have no reference whatever to the insanity of the patient, literal compliance with them is absolutely necessary, for some of them are required to establish the patient's identity, whilst the certificate, as a legal document, is not complete unless every one is strictly attended to.\*

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\* Trifling as it may appear, a certificate correct in all other respects was decided in a Court of Law to be invalid because the number of the house at which the examination was made had been omitted.

In reality, attention to these directions is practically ignored, for certificates are rarely presented in the first instance correct in every respect, yet any omission, however trifling, requires to be amended; and as this can only be done by the writer, who must initial the alteration, it necessarily entails a great deal of trouble and dissatisfaction to them and the friends, particularly when it has to be done after the patient is admitted. A return of the certificate for amendment by the Commissioners after the copy has been sent, is often considered red-tapism on the part of the asylum authorities, and a reproach to the medical man for his want of knowledge or incompetence. It would save much trouble and annoyance on this point if the certificate could be sent to the asylum for examination before the patient is taken there, so that any omission might be rectified, because no alteration or correction can afterwards be legally made until it has passed the scrutiny of the Commissioners, who note any defect, and return it for amendment.

As errors constantly occur under one or other of the marginal directions, I will take them in order, and point out as well as I can

the mistakes which are made, so that they may be avoided.

1. *Here set forth the qualification entitling the person certifying to practise as a "Physician," "Surgeon," or "Apothecary."*

Misinterpretation—or rather I would say carelessness and omission to read this simple direction—is perhaps more frequently the cause of certificates being returned for amendment than any other. For it is not unusual for the certifier to say, "I, the undersigned, being 'a *Physician, Surgeon, and Apothecary.*'" Now, if he had read the direction he would see that it is not the *capacity* in which he practises that is wanted, but the *qualification*, which enables him to practise. He should say, being a *Doctor of Medicine of the University of* , a *Member or Licentiate of the Royal College of Physicians or Surgeons of* , a *Licentiate of the Apothecaries' Company*, or any other legal qualification he may possess, which entitles him to practise in the United Kingdom; for immediately after, the next space requires the capacity in which he practises; and if he reflected for a moment he would see that

writing the same thing twice over must be a tautology, which could not be intended.

Although the above is the strict interpretation of the Act, I have authority for saying that "*Registered Medical Practitioner*" will now be sufficient to insert in this place, instead of detailing the qualification.

2.\* "*Physician, Surgeon, and Apothecary, as the case may be.*"

One or more of these terms must be used in this space; it will not do to say, "being a *Registered Practitioner*," or "*General Practitioner.*"

I have two recent certificates now before me, written within a short time of each other, in which one says, "I, the undersigned, being a (a) '*Doctor of Medicine, Surgeon, and Apothecary,*' and being in actual practice (b) '*as such.*'" The other, after repeating the same error as to qualification, says, "being a (b) *General Practitioner.*" Both of these certificates were returned by the Commissioners with the remark,

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\* These terms, whenever used under the Lunacy Act, mean a person registered under the Medical Act of 1858. An unregistered practitioner signing a certificate incurs serious penalties, and his certificate is null and void.



(a) "Insert qualification; (b) one of the statutory terms must be used."

3. *Here insert the street and number of the house (if any), or other like particulars.*

These directions seem to be plain enough, and yet they are not always attended to, as the case I have previously referred to attests. When the house has no number, the designation or name of the occupier of it should be given, such as "*Bethnall House, Cambridge Road*," or "*at the House of John Thompson, in the Village of Barking*," &c. The examination has sometimes to be taken in the conveyance in which the patient is brought, as when he is presented with the certificate out of date or informal, and the case is urgent, he then requires to be taken to the nearest medical man; then it is sufficient to say, "*in a cab in the Cambridge Road, Bethnal Green*," or the street in which the practitioner lives—in short, the place of examination, no matter where, should be carefully described.

4. *Insert residence and profession, or occupation, if any.*

As the examination does not always take place at the residence of the patient, the neces-

sity for giving it here will be apparent; for the purpose of identity, the occupation, if any, must also here be given, and care should be taken that the address and occupation correspond with the like particulars given in the statement on the first page; for if these vary, the certificate is sure to be returned by the Commissioners for amendment.

5. *Lunatic, idiot, or person of unsound mind.*

One or other of these terms must be used in this space, no variation from the words required by the statute will be allowed; it, therefore, will not do to say "*of unsound mind*," "*insane person*," "*imbecile*," or "*fit*," as is sometimes done.

6. *Here state the facts (observed on the day of examination.)*

The manner in which these facts are usually narrated, clearly shows that much misapprehension must exist on this point in the mind of many medical men, and yet the slightest consideration would tell them that what is really required is a statement, in plain language, of such facts as he himself had

observed, which would carry conviction to the mind of any one reading it, that the person to whom it referred must be of unsound mind. He should be careful to avoid giving as facts indicating insanity any statements which might be true, and for this reason particularly all reference to domestic grievances should be avoided, unless they are important points, and he has ascertained that they have no real foundation, which fact should be stated; he should also avoid making statements, as is often done, which have nothing to do with the insanity of the patient.

Examples under these different heads will be found at page 100.

*7. Here state the information, and from whom.*

It is not necessary to write anything in this space, as the certificate will be complete without. If anything is inserted it should be facts of importance, which the writer could not know by his own observation, and be either confirmatory of his own observed facts, or those which might be useful for the medical superintendent of the asylum to know, such as any

propensity to suicide, the mode in which it has been attempted, of violence, of dirty, destructive, indecent, or immoral habits, &c. In all cases the Christian and surname of the informant must be given ; it is not sufficient to say *the son, brother, uncle, policeman, &c.*, for there may be several ; the full name of the particular one must be given, or the number of the policeman. If the father and son have the same Christian name, they must be distinguished as *senior* or *junior*.

Example in the form at page 89.

As from the want of special instructions considerable difficulty is often experienced in knowing what statement of facts, indicating insanity, observed by the medical man himself, is sufficient to complete the certificate, and satisfy the requirements of the law, I have in the following pages for his guidance endeavoured to tabulate, under the most prominent heads, some examples taken from recent certificates which have passed the scrutiny of the Commissioners in Lunacy.

I have marked in italics the additions which have been made when the certificate has been returned for amendment, and important points in others, without which the statement to

which these refer might be true or irrelevant. I also append some examples of "facts" which were so vague and irrelevant that they had to be rewritten altogether.

On visiting a patient for the purpose of examining him, before filling up the certificate, he will have no difficulty in observing whether the patient is—

1. Excited.
2. Melancholy.
3. Usually calm, but occasionally excited.

Into these three classes I have, therefore, thought it most convenient to arrange the examples.

#### I.—EXCITED.

"She is constantly talking in a wild and incoherent manner, quite heedless of any questions put to her."

"She is much excited, knocking violently at the doors in a frantic and agitated state. She says the devil is after her, she is going to hell; she says she is going to die."

"He is noisy, excited, and violent. He fancies that he has horses and carriages at his command, and that he has a great deal of money, which he promises he will give away

to those around him; he dances about the room, and is continually raving."

"She talks in a wild, incoherent manner, uses filthy and obscene language, exposes her person; she raves and blasphemes."

"She is restless, excited, and violent, swearing, singing, and rambling in her conversation, calling people that she knows very well by wrong names."

"Screams out without any cause, talks to herself in a very incoherent manner, uses very foul language to those about her."

"He is noisy, excited, and violent. He says that he is immensely wealthy, *which is contrary to the fact*, that he will do away with all workhouses, prisons, and public-houses; says he is king, and rules every one."

"He raves night and day, attempts to strike those who are near to him; he imagines that men are chasing him about; he howls, sings, and cries alternately."

"She talks in an excited and incoherent manner; says she is the Hon. Mrs. —, and has more money than the princesses; in her chariot, the finest in London, she will ride with her Ma, who shall live to be three hun-

dred. Mrs. Hall murdered her own husband, and then charmed her away with charming powder."

"She is restless, noisy, excited, and violent; she refuses her food, and will not allow anything to be done for her. She seems to be in great fear that she is going to be destroyed, and implores those around her to save her."

"He states that he is a prince of France, that he possesses a palace, and has recently had two fortunes left him (he cannot tell by whom), one of 400,000*l.* the other of 600,000*l.*; that he is going to Liverpool, a distance of one hundred and sixty miles, with a horse and cart, which will take him four hours to go and eight to return."

"Violent excitement, with rapid, incoherent, and obscene speech."

"That she is outrageous in her conduct, and incoherent in her statements; when questioning her upon rational subjects, she immediately became very violent, and rushed downstairs in a state of almost nudity, and locked herself up in the coal-cellar."

"Very excitable, makes use of threats, with obscene and profane language; destructive, having broken windows and house-utensils; is

quite uncontrollable, giving incessant and contradictory orders to those about her."

"Great violence of manner, destroying everything within her reach, incoherent and incessant talk, dangerous to herself and others."

"He is noisy, incoherent, blasphemous, and filthy in his language, restless and wild in his manner, and very dangerous, as exhibited towards myself and others in my presence."

"His manner is furious; he spits at, and attempts to bite, any one near him; he talks incoherently and incessantly—in fact, is raving mad; is occasionally blasphemous in his speech, and very indecent."

## II.—MELANCHOLY.

"She is in a state of great nervous excitement, always fancying that some evil is impending over herself and children; talks of diabolical machinations against her, chatters incessantly, and runs from one subject to another in the most incoherent manner."

"She is under the delusion that she has committed some great crime, fancies people are following her about, that she feels she must be punished, though she cannot tell



for what; that she hears voices, and bells ringing."

"She is very melancholic and desponding, and is constantly in tears; says she is the daughter of the King of the French, that she hears voices talking to her, that she sees people on the top of the house, that they are talking of and abusing her."

"He is restless, thinks he is going to die suddenly, also to be killed; talks in a rambling incoherent manner about being lost, and about having committed some crime for which he must suffer, but what it is he cannot tell."

"He is under the delusion that people are coming to stab him and do him harm, and that detectives are after him; he is very desponding."

"She is very depressed in spirits, is continually fretting and crying, but is unable to tell what she is fretting about; she is sometimes anxious to get out of the house, but cannot tell where she wishes to go, and, when prevented, becomes much excited and noisy."

"She is melancholic and desponding, will not answer any question, stares at you vacantly, keeps walking about the room sighing,

picks her clothes and fingers until they bleed, takes off her clothes and puts them on again apparently without object."

"Depressed and incoherent in conversation, says he and all his friends are ruined, mutters to himself, is frightened and apprehensive that some one is going to kill him, refuses food—says he can live without it,"

"She states she is a lost person, without hope of forgiveness; that she will be taken to prison, and die a miserable death; that the devil whispers in her ear that she has committed the unpardonable sin."

"Makes desperate attempts at self-destruction, and groundless fears of poverty."

"Great taciturnity; complete seclusion from society; aversion to cleanliness; having no fixed ideas about anything; wandering about the streets at improper hours."

"Believes that he is hopelessly ruined, and that himself and family will be turned into the streets; talks in a stammering and hesitating manner; says he ought to be given in charge of a policeman for fraud which he cannot describe; that he has ruined and morally murdered several people."

"She says the world is at an end; that this

is the day of judgment; that she has been told by the Almighty that she will never die."

"Says she is a lost and disembodied soul; has sinned against the Holy Ghost, and is getting ready to be executed for this great sin."

"Anxious, melancholic aspect; can hardly be induced to answer questions, but admits that on Sunday last she threw herself into the sea at Ramsgate, on account of the distress and fear she was in, because of the belief that she is suffering from an infectious disorder, which affects everybody she comes in contact with; mutters in a scarcely audible tone that 'it is of no use.'"

III.—USUALLY CALM, BUT OCCASIONALLY  
EXCITED.

"She is irrational and incoherent; talks at random, and runs from one topic to another without connection; she says she sees cats and rabbits flying in the air, as well as baskets of flowers."

"Her ideas are confused, her memory is entirely gone, her conversation incoherent, and her manners are undecided, childish, and silly."

"She is restless and flighty in manner ; she sings and talks incoherently, without ceasing ; is awake all night, and is under the delusion that she is only ten years old, *when her real age is twenty-eight years.*"

"Inability to hold any rational conversation ; her manner and conduct totally at variance with her usual habits."

"He is incapable of judging between right and wrong, and is in such a state of mental debility that he does not recognise persons who are closely related to him and who have recently been with him."

"Frequent and unprovoked outbursts of temper, accompanied by violent and profane language ; obstinate refusal to have her bed and linen changed and attended to when necessary ; dirty habits, which appear to be intentional and the result of obstinacy, and general eccentricity of language and manner."

"As I entered the room to examine her (never having seen her before), she declared she had known me for years, and hoped I would declare her mad at once, for she was most anxious to be admitted into her own asylum immediately ; in a few minutes after declared she had said nothing of the sort, and

kept continually chatting about the most absurd things; preferred to crouch on the ground rather than go back again to bed."

"Entire inability to converse coherently on any subject; unnatural conduct and language towards his nearest relations; unusual restlessness and excitement, seldom or ever holding his tongue; constantly rambling from one subject to another, and persisting in using oaths and obscene language."

"I found him roaming about his room like some wild animal; this continued the whole time of my visit—half an hour, with occasional sudden cessations, when he seemed intently to gaze on some imaginary object; he kept muttering the whole time, 'everlasting death,' 'everlasting life,' 'everlasting wife,' 'everlasting nonsense,' clasping his hands and snapping his fingers, telling his wife it was of no use—the end had come, &c.; in fact, the whole of his conversation was void of reason."

"She informs me that she has an uncontrollable restlessness and a desire to wander about without object, and she has a desire to be again placed in an asylum for restraint and security; at these times she hoards everything

she can lay her hands upon, and fills her drawers with them. I was shown a large quantity, consisting of the greatest rubbish, which was only fit to be thrown away, *but which she considered to be valuable.*"

"He sat with his eyes shut and his fists clenched, and could not be induced to speak; he was held during the time by two men, having been so violent that they dared not leave him, fearing another outbreak, being alternately sullen and violent."

"Mental excitement, loss of control over himself, and unconsciousness of what he has done or what is passing on around him; he is fitful at times, refusing food, at others demanding large quantities."

"His manner was excited, his language disgusting and threatening; and as he has attempted suicide on a previous occasion, I do not think it safe for him to be at large."

"Extreme restlessness, never sitting still for one minute; he denies ever having been in confinement, when I saw him in an asylum myself; he has a peculiar hesitation in his speech, is often taciturn, and his general appearance is strange and excited."

"She mistakes the identity of her friends and those about her; from being quiet and retiring in manner, is incessantly talking in a rambling, noisy manner; has frequent paroxysms of violent raving; often refuses her food, and throws it at her attendants."

"Her perfect indifference to every domestic concern, and absence of all affection for her husband and children; perfectly incoherent both in her actions and conversation; scarcely any rational answer to questions put to her; endeavouring to rhyme every circumstance or word, and talking aloud in disconnected sentences to imaginary persons when alone."

"Confusion of ideas and loss of memory; mischievous and destructive when left alone, and powerless to indulge in immoderate laughter or crying; no power of control over her emotions."

"She is restless, nervous, and sleepless; says she has a feeling within herself that she cannot control her own acts; and thus she often feels she must commit suicide, from an indescribable feeling that comes over her."

"He states that certain poisons have been secreted among his things in Paris, and that he has confessed to the improper possession of

them; that he will be apprehended and punished for this. *There is no foundation in fact as to the poisons.*"

"Talking constantly and incoherently; imagining that his food is poisoned; using great violence to those around him; destroying the furniture."

"I found her at 4 A.M., rolling about undressed on the floor of a room, shouting, singing, and laughing incoherently; paying little or no attention to questions addressed to her, merely repeating some of the words in an incoherent manner; extreme restlessness and insomnia."

"Incoherent answers to questions.

Imperfect comprehension of conversation and questions addressed to her.

Constant restlessness, and apparent occupation when she is really doing nothing.

Ignorance of family matters, which she at other times well knew.

Listlessness of look and manner."

"Incoherent mutterings of prayer, without any definite object; speaking positively of circumstances which have not occurred even the day previous, and perfect indifference to things which would at other times excite



attention, especially relating to her husband and home; in fact, her mind is so disordered as not to be able to keep to one train of thought in conversation."

"An entire absence of mind in all her domestic arrangements, commencing one thing of an unusual nature, and immediately doing something else; washing and cleaning things over and over again, when there is no occasion; cooking food unnecessarily, and in an improper manner, contrary to her usual custom and ability; she said her husband had been beating her across the legs with the poker, *when nothing of the sort has taken place*; complaining of disorders which have no reality."

"Incoherence in conversation; confusion as to time, place, and persons; inability to answer a simple question in a rational manner."

"A general restlessness and perturbed manner; when asked to set down he says, 'I can't sit down;' to put out his tongue, 'I can't put out my tongue;' if he eats his food he replies, 'he can't eat food; he can't swallow; that he has no throat; that he never eats anything; that his feet are broken, and

his hips are broken.' He lies in bed, and when asked to get up he says, 'I can't get up'—all of which sayings are delusions, and not true. He does get up, and he does sit down ; and he does eat, drink, and sleep ; and his feet are not broken ; nor has he received any injury to his ribs or hips."

## MASTURBATION.

"Suspicious of the motives of every person around him ; thinking the most trivial act and every word he does not understand is an insult to him ; a habit of talking aloud incoherently, and mingling his speech with blasphemous oaths ; violence at meal-times, if not at once served with what pleases him ; telling me that his God had ordered him to do for me."

"Incoherence of language ; habit of expressing his thoughts audibly, and not in the most choice words ; restlessness ; suddenly jumping up from his seat and admiring himself in a hand-glass ; on being asked a direct question, he takes time to consider his answer, and then gives it, frequently not at all to the point, more as if his ideas had been wandering on other subjects. He sits crouched up

with his hands buried in his pockets, with at times a most vacant expression."

#### EPILEPSY.

"From being subject to epileptic attacks, followed by incoherence, and occasionally uncontrollable violence."

"She is epileptic, and is now immodest and disgusting in her conduct, abusing those about her, applying the filthiest names to them, and lost to all power of self-control."

"He is subject to epileptic fits; he is sad, melancholic, and desponding, bursting into tears at times, and fancying he is lost; his memory is defective; he with difficulty recognises what is said to him, and does not answer questions put to him; he is restless and excited."

#### INTEMPERANCE.

"He is dirty and untidy in his habits, being the reverse of what he used to be; very taciturn, replying to questions only in monosyllables, or not at all; very restless, constantly trying to get out of the house to get drink."

"Formerly neat and comely in her person, now dishevelled and careless of her appearance; has long been given to intemperance;

resorts to any means to obtain stimulants; has become exceedingly dirty, passing her evacuations in bed or about the room; has ceased to take any interest in her children, and quite unable to take care of herself."

"He is subject to periodic attacks, during which the craving for strong drinks and narcotics is uncontrollable, and could not possibly be indulged in by any sane man; for instance, he has this morning swallowed two drachms of chloric ether undiluted."

"Frequent recurring acts of dipsomania, during which he is quite unable to resist the craving for stimulants, and when refused, accuses his wife of infidelity, and of having been the cause of his falling into intemperate habits. *These charges against his wife I have ascertained are perfectly groundless.*"

"Violent, and not safe to be at large; destructive; using obscene and indecent language; threatening the life of his mother if she will not give him drink; and attempting to strangle the servants for the same reason."

"He refuses to dress or undress himself, or to be dressed or undressed, or be made clean, and remains in a state of disgusting filth. He is constantly clamouring for gin

and other stimulants, which he devours ravenously; he refuses to go to bed, and alleges that the ghost of his former house-keeper haunts him incessantly."

"Evidently mad from constant drinking."  
"*I can only repeat the above. The Commissioners should see him a little time, helpless and insensible, and I am sure they would endorse my opinion; when he has been drinking, nothing but placing him under proper control does him good; his friends cannot do it.*"

"Is constantly craving for drink; is extremely restless, trying to force his way out of the house; and whilst I was with him, trying to get out of the window. He is full of absurd fancies; thinks his wife's face is full of carbuncles, and she wants shaving, *the statement being without foundation*; the unsoundness of mind evidently depends upon continued drinking, and is temporary in its nature."

"Dissatisfied with his relatives; believes they desire to ill-treat him; *which is a delusion*. Has written to me a most extraordinary rambling and incoherent letter, and appears totally incapable of taking care of himself from weakness of mind."

"A general restlessness of manner, and great excitability; he appears unaccountable for his actions; he said that at times a spirit of mischief came over him, which compelled him to commit acts of violence; at such times he was unaccountable for his actions, and was afraid of himself."

\* "Incoherence, perversion of facts, delusion."<sup>a</sup> "*Fancies that he possesses large amounts of money, which people have secreted from him.*"

\* "Says her sister lives in Chiselhurst, and she fears she is dying. She took great notice of my feet, and remarked that they were very large."<sup>b</sup> "*Her sister does not live in Chiselhurst, and is perfectly well; my feet are not large.*"

"General restlessness of manner; considers himself heavily involved in debt to many thousand pounds; says he has been ruined by the Government, and that he intends prosecuting the Admiralty for 5000*l.* damages."

As the above statements might be true, the certificate was returned for amendment, when the following was added:—

"*By these statements I was satisfied that the*

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\* Returned.    <sup>a</sup> State delusions.    <sup>b</sup> Are these delusions?

*patient was of unsound mind, and by his general conduct during examination."*

This did not satisfy the Commissioners, and it was further amended; when the original certificate stood thus:—

"General restlessness of manner; considers himself heavily involved in debt to many thousand pounds; *whereas his debts do not amount to a few hundreds*; says he has been ruined by the Government; *whereas he has only been dismissed from his appointment on account of his incapacity*; and that he intends prosecuting the Admiralty for 5000*l.* damages, *he having no real ground of action.*"

"She is under the delusion that she has been poisoned; that the poison has fallen on her shoulder, and burnt it. *There is nothing the matter with her shoulder*; she is wandering and incoherent in her talk."

"That she is in a state of great restlessness, and generally incoherent in her conversation and irrational in her conduct. Thus, stating her place of abode to be twenty-five miles from Hertford, *when it is only two miles*; that her doctor resides in Fore Street, Cripplegate, and goes to Hertford to see her every day, *when, in fact, he resides in Hertford, and sees*

*her only now and then ; that her uncle farms three thousand acres in one farm, besides several others, when, in fact, he only farms one hundred and fifty acres ; that all her conversation is without rational sequence of ideas, passing rapidly from one thing to another; that, whilst I was conversing with her, she began to undress herself, apparently without purpose."*

"Is rambling and incoherent in his statements, is excited in his manner ; he told me he had presented the Baroness Burdett Coutts with a book, and at the same time requested her to place 1000*l.* to his credit at the bank. She accepted the book, and refused to comply with his request."

This certificate was returned by the Commissioners with the remark, "Did the medical man satisfy himself that this was a delusion at the time he examined the patient?" The following was added to the certificate :—

*"This is not a delusion, but an indication that the person is of unsound mind."*



SO VAGUE AND IRRELEVANT THAT THEY HAD  
TO BE REWRITTEN ALTOGETHER.

"Refuses to take her medicine, and resists in every way; closes her teeth, threatens to strike every one near her; obliged to use the strait waistcoat."

"Violent in her temper, and very abusive."

"He is very bad tempered, and imagines he is coming into some property."

"He has a suspicious, dangerous, suicidal eye; he evidences in his appearance, cerebral mischief."

"Great excitability from religious delusions. Has been in an asylum before."

"An insane appearance; loss of memory; she is subject to epilepsy; has been under my care for some time, and has never until yesterday been in any way troublesome or violent."

"Moody and irritable temperament, and of weak memory in many particulars."

"Obstinate; has the manner and appearance of an insane person; complained of her head; refused her food, and would not go down stairs; melancholy."

"She is suspicious of her husband; says he keeps bad company. She is most irritable

and jealous, and takes stimulating drinks to a dangerous and exciting extent."

"His countenance is expressive of great anxiety and restlessness; his pulse is exceedingly feeble; he appears to have been bled."

"He has imperfect sight, good hearing and taste; he is unable to speak; his gait is ape-like, and the skull-bones seem to have fallen together from the want of cerebral development. He will occasionally slap his face, and strike his hands, sometimes makes a howling noise."

The concluding remarks of Dr. Bucknill, in an excellent article on this subject published in No. 35 of the "Journal of Mental Science," are so appropriate, that I cannot do better than adopt them. He says:—

"In conclusion, permit me to remind you, that in filling up these certificates, the medical man ought not to lose sight of the possibility that he may be called upon, at some future period, to explain every word he has used in a court of law; and that towards medical witnesses the hearts of barristers are as the nether millstone. The acceptance of a certificate by the Commissioners in Lunacy affords no protection to the unlucky wight whose

errors of assertion or omission come to be tested in the crucible of cross-examination. To adduce a well-known example from a trial which not long since attracted largely the attention of the public:—one of the medical men certifying to the insanity of a gentleman who was at that time undoubtedly insane, had stated as facts *observed by himself*, that ‘His (that is, the patient’s) habits were intemperate, and that he had squandered his property in mining speculations.’ But in the Court of Queen’s Bench he was obliged to confess that the only act of intemperance he had actually observed was the patient’s drinking one glass of beer; and that the squandering of property was the loss of what was to him a mere trifle in a mining speculation, which eventually turned out to be a very good one. Let no medical man, therefore, fill up a certificate of insanity without picturing to himself the potentiality of a severe cross-examination in a court of law—a liability not unjust, though by no means agreeable; since the proper filling up of half a sheet of paper, which may deprive a man of liberty, perhaps for life, is a professional act of which the importance cannot well be over-estimated.”

## APPENDIX.

## A.

TO ALL PERSONS HAVING CHARGE OF  
SINGLE INSANE PERSONS.

*The Law relating to Single Insane Patients, and defining the duties and responsibilities of those who undertake to receive such Patients to reside with them, being in general very imperfectly understood and frequently violated, your attention is urgently requested to the subjoined Statement of the various provisions of the Statutes, which the Commissioners intend, in future, most strictly to enforce.*

PROVISIONS OF THE LAW AS TO SINGLE  
PATIENTS.

No person deriving profit from the charge can receive into any house, or take care or charge of, a patient as a lunatic or alleged lunatic, without an order for reception and two medical certificates.

Within one clear day after receiving a patient, true copies of the order and certificates, together with a statement of the date of

reception and of the situation and designation of the house into which the patient has been received, as well as of the Christian and surname of the owner or occupier thereof, must be forwarded to the office of the Commissioners in Lunacy, No. 19, Whitehall Place, London, S.W.

In addition to these documents, there must also be forwarded to the office of the Commissioners a statement of the condition of the patient, signed by his medical attendant, after two clear days and before the expiration of seven clear days from the day of reception, according to a prescribed form.

The order and certificates must not be signed by any person receiving a percentage on or otherwise interested in the payments for the patient, nor by the medical attendant as defined by the Act 8 and 9 Vict. chapter 100; nor must the certificates be signed by the father, brother, son, partner, or assistant of the person having the care or charge of the patient.

The patient must be visited at least once in two weeks by a physician, surgeon, or apothecary who did not sign either of the certificates of insanity, and who derives no profit,

and who is not a partner, father, son, or brother of any person deriving profit from the care or charge of the patient.

Such medical man must, at each visit, enter in a book to be kept at the house, according to the subjoined form, and to be called the "Medical Visitation Book," a statement of the condition of the patient's health, both mental and bodily, and also of the condition of the house.

These visits may, by special permission of the Commissioners, be made less frequently than once in every two weeks; but in such case, where the patient is under the care or charge of a medical man, such medical man must himself make an entry once at the least in every two weeks in a book to be called the "Medical Journal."

Every physician, surgeon, or apothecary who visits a single patient, or under whose care a single patient may be, must, on the 10th of January, or within seven days thereof, in every year, report in writing to the Commissioners the state of health, mental and bodily, of the patient, and such other circumstances as he may deem necessary to be communicated. Each annual report should give

all these particulars fully, even although no change may have occurred since the previous report.

“ The Medical Visitation Book” and “ Medical Journal,” and the order and certificates, must be so kept that they may be accessible to the Commissioners whenever they may visit the patient.

Notice must be forwarded to the office of the Commissioners in case of the death, discharge, removal, escape, and recapture of a patient.

Notice of the death of the patient must also be forwarded to the coroner of the district.

If it is proposed to remove the patient to the care or charge of another person, the consent to an order of transfer must previously be obtained from the Commissioners, otherwise a fresh order and certificates will be necessary.

When any person, having the care of a single patient, proposes to change his residence and remove the patient to such new residence, seven clear days' notice of the proposed change, with the exact address and designation of the new residence, must be sent

to the Commissioners, and to the person who signed the order for reception of the patient.

If it should be desired to give the patient liberty of absence anywhere for a definite time, for improvement of his health or for a trial of his powers of self-control, the consent of the Commissioners must first be obtained; the written consent of the person who signed the order must accompany the application, as well as a statement by the medical attendant showing the fitness of the patient for such trial.

The attention of every person having charge of a single patient is especially drawn to the concluding paragraphs of the 90th section of the 8 and 9 Vict. cap. 100, by which he will see that if he shall receive a patient without a proper order and certificates, or if, having such certificates, he neglect to transmit copies to the Commissioners in Lunacy, or if he fail to cause such patient to be visited fortnightly by a medical man (not disqualified as above), or if he make any untrue entry in the "Medical Visitation Book," he shall be guilty of a misdemeanour.

N.B.—A licence for the house becomes necessary only where more than one patient is received.



## FORM OF MEDICAL VISITATION BOOK OR MEDICAL JOURNAL.

DATE.	Mental State and Progress.	Bodily Health and Condition.	Restraint or Seclusion since last entry. When and how long? By what means; and for what reasons.	Visits of Friends.	State of House, Bed, and Clothing, &c.

\*.\* A common Copy-book, having a few pages ruled neatly to this pattern, and with the proper head-lines written in, is quite sufficient.

## FORM OF NOTICE OF DEATH.

I hereby give you Notice, That  
a Private Patient, received  
into this house on the            day of  
18    , died therein on the  
day of            187    ,  
and I further Certify, that  
was present at the Death of the said  
and that  
the apparent Cause of Death of the said

Ascertained by post-  
mortem examination, if so.

Medical Proprietor of  
house or Medical Attend-

was <sup>(1)</sup>

(Signed)

<sup>(2)</sup>

Dated this            day of            One  
Thousand Eight Hundred and Seventy

*To the Commissioners in Lunacy.*

## FORM OF NOTICE OF DISCHARGE.

I hereby give you Notice, That  
a Private Patient, received  
into this house on the            day of  
18    , was discharged  
therefrom <sup>(1)</sup>            by the  
Authority of  
on the            day of            187    .

Recovered, or relieved,  
or improved.

Proprietor of— house.

(Signed)

<sup>(2)</sup>

Dated this            day of            One  
Thousand Eight Hundred and Seventy

*To the Commissioners in Lunacy.*

## B.

## REMOVAL OR TRANSFER OF PATIENTS.

Private patients may be transferred without the necessity of fresh certificates from any asylum, hospital, or licensed house, or private care, to another, or to the care of any person, by order of the person having authority to discharge such patient—viz. the person who signed the order for the reception of such patient, or the person who made the last payment on such patient's account, having previously obtained the consent of two of the Commissioners in Lunacy. With the like consent, the recommendation of the Medical Superintendent of the Asylum, and the approval of the person who signed the order, or of the person who made the last payment on behalf of the patients, they may be taken to any specified place for any definite time, for the benefit of their health, the certificates remaining in force during that time.

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## C.

## CHANCERY PATIENTS.

Persons who have been found lunatic by inquisition before one of the Masters in Lunacy, are called Chancery Lunatics; a proceeding which is only taken where there is property to be managed or made available for the use of the lunatic.

A committee of the person and one of the estate is appointed by the Court. The committee of the person can remove or place the lunatic where he chooses, within the jurisdiction of the Court, and all that is necessary for him to do is to give a written order, requesting his reception, to which is annexed an office copy of his appointment as committee. No medical certificates are required.

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## D.

WANDERING LUNATICS, AND LUNATICS NOT UNDER PROPER CARE AND CONTROL, OR WHO ARE ILL-TREATED BY THEIR FRIENDS.

The constable, relieving officer, and overseer of any parish are required, under a

penalty, to apprehend any wandering lunatic and take him before a justice of the peace: they are also under the same penalty to give information, upon oath, to a justice, if they know of any person, deemed to be a lunatic not under proper care and control, or who is cruelly treated or neglected by any relative or person having the care of him; and *any* person may give information, upon oath, to a justice, in either of the above cases, who will deal with such cases as the law directs.

This enactment enables a medical man to secure proper care for his patients in a county asylum, if they have not the means to bear the expense of a private one.

## E.

FORM OF CERTIFICATES FOR ADMISSION OF PATIENTS  
INTO PRIVATE ASYLUMS IN SCOTLAND.*Petition to the Sheriff to grant Order for the Reception of a Patient  
into the Asylum.*<sup>(1)</sup> Sheriff or Steward.  
<sup>(2)</sup> Shire or Stewartry.Unto the Honourable the <sup>(1)</sup> of the <sup>(2)</sup>  
of and his Substitutes,—

The Petition of . . . humbly sheweth,  
that it appears from the annexed Statement and  
accompanying Medical Certificates, that  
is at present in a state of Mental Derangement, and  
a proper person for treatment in an Asylum for the  
Insane.

May it therefore please your Lordship to authorise  
the transmission of the said  
to the Asylum for the Insane, and  
to sanction admission into the said Asylum.

SIGNED

Dated this

<sup>(3)</sup> day of

187 .

<sup>(3)</sup> The Date of the  
Petition must be with-  
in fourteen clear days  
following the dates of  
the Medical Certifi-  
cates.

## STATEMENT.

*If any Particulars in this Statement be not known, the fact to be so stated.*

1. Christian Name and Surname of Patient at length . . . . .
2. Sex and Age . . . . .
3. Married, Single, or Widowed . . . . .
4. Condition of Life, and previous occupation (if any) . . . . .
5. Religious Persuasion, so far as known . . . . .
6. Previous Place of Abode . . . . .
7. Place where Found and Examined . . . . .
8. Length of time Insane . . . . .
9. Whether first Attack . . . . .
10. Age (if known) on first Attack . . . . .
11. When and where previously under Examination and  
Treatment . . . . . }
12. Duration of existing Attack . . . . .
13. Supposed Cause . . . . .
14. Whether subject to Epilepsy . . . . .
15. Whether Suicidal . . . . .
16. Whether dangerous to others . . . . .
17. Parish or Union to which the Lunatic (if a Pauper)  
is Chargeable . . . . . }
18. Date of becoming Chargeable . . . . .
19. Christian Name and Surname, and Place of Abode  
of nearest known Relative of the Patient, and de-  
gree of Relationship (if known), and whether any  
Member of his Family known to be or to have  
been Insane . . . . . }
20. Special circumstances (if any) preventing the inser-  
tion of any of the above particulars . . . . . }

I certify that, to the best of my knowledge, the above particulars are  
correctly stated.

(\* To be signed by the Party applying.) Name\*

Dated this

day of

187 .

## MEDICAL CERTIFICATE.—No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I the undersigned,  
being a <sup>(1)</sup>  
and being in actual practice as a <sup>(2)</sup>  
hereby certify, on soul and conscience, that  
I have this day, at <sup>(3)</sup>

in the County of  
separately from any other Medical  
Practitioner, visited and personally examined <sup>(4)</sup>

and that  
the said is a <sup>(5)</sup>  
and a proper Person to be detained under care and treatment, and that  
have formed this opinion upon the following grounds, viz.

1. Facts indicating Insanity observed by myself: <sup>(6)</sup>

2. Other Facts (if any) indicating Insanity communicated to me by others: <sup>(7)</sup>

(Signed) Name and Medical  
Designation. }  
Place of Abode, }

Dated this day of 187 .

## MEDICAL CERTIFICATE.—No. 2.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned,  
being a <sup>(1)</sup>  
and being in actual practice as a <sup>(2)</sup>  
hereby certify on soul and conscience, that  
I have this day, at <sup>(3)</sup>

in the County of  
separately from any other Medical  
Practitioner, visited and personally examined <sup>(4)</sup>

and that  
the said is a <sup>(5)</sup>  
and a proper person to be detained under care and treatment, and that  
I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: <sup>(6)</sup>

2. Other Facts (if any) indicating Insanity communicated to me by others: <sup>(7)</sup>

(Signed) Name and Medical  
Designation. }  
Place of Abode, }

Dated this day of 187 .

**CERTIFICATE OF EMERGENCY.**

*(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

(<sup>1</sup>) *State Medical qualification.*

(<sup>2</sup>) *State Place of examination.*

I, the undersigned,

being (<sup>1</sup>)

hereby certify, on soul and conscience, that I have this day at (<sup>2</sup>)

in the County of \_\_\_\_\_ seen and personally examined

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further Certify, that the case of the said person is one of Emergency.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ One Thousand eight hundred and \_\_\_\_\_

**ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE PATIENT.**

(<sup>1</sup>) *State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.*

(<sup>2</sup>) *State whether a County or Stewartry.*

(<sup>3</sup>) *Insert Name and Designation.*

(<sup>4</sup>) *Describe him, and if a Pauper state so.*

(<sup>5</sup>) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, \_\_\_\_\_ (<sup>1</sup>) of the (<sup>2</sup>) \_\_\_\_\_ having had produced to me, with a petition at the instance of (<sup>3</sup>) \_\_\_\_\_ Certificates under the hands of \_\_\_\_\_ and

\_\_\_\_\_ being two Medical Persons duly qualified in terms of an Act, intituled, "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (<sup>4</sup>) \_\_\_\_\_ and that the said

is a (<sup>5</sup>) \_\_\_\_\_ and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said \_\_\_\_\_ as a Patient into the \_\_\_\_\_ Asylum for the Insane, and I authorise \_\_\_\_\_ Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said \_\_\_\_\_ which accompanied the Petition.

(Signed)

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 187  
To the Medical Superintendent of the  
Asylum for the Insane.



Scotland, the form in that country differing from the English only in one unimportant particular. "Certificates signed, or founded on medical examinations made elsewhere than in England and Wales (the extent of the Commissioners' jurisdiction), are not accepted as a valid authority for the detention of a patient within that jurisdiction."

#### DIRECTIONS FOR SIGNING CERTIFICATES.

The medical man having satisfied himself of the insanity of the patient, and the necessity for his restraint, will then proceed to fill up the form provided for the purpose; but before doing so he should first of all carefully read over the marginal directions which he will find upon it; for although these may appear to be unimportant, as they have no reference whatever to the insanity of the patient, literal compliance with them is absolutely necessary, for some of them are required to establish the patient's identity, whilst the certificate, as a legal document, is not complete unless every one is strictly attended to.\*

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\* Trifling as it may appear, a certificate correct in all other respects was decided in a Court of Law to be invalid because the number of the house at which the examination was made had been omitted.

**RESEARCH** **IN** **PROGRESS**

[illegible]

~~the above information~~

~~showed a low level of~~

~~activity in the area~~

## F.

**FORM AND CERTIFICATES REQUIRED FOR THE ADMIS-  
SION OF PRIVATE PATIENTS INTO LICENSED HOUSES  
IN IRELAND.**

*Statement and Order to be annexed to the Medical Certificate authorising  
the reception of an Insane Person.*

The Patient's true Christian and Surname at full }  
length . . . . . }  
The Patient's Age . . . . .  
Married or Single . . . . .  
The Patient's previous Occupation (if any) . .  
The Patient's previous Place of Abode . . .  
The Licensed House or other Place (if any) in }  
which the Patient was before confined . . }  
Whether found Lunatic by Inquisition, and Date }  
of Commission . . . . . }  
Special Circumstance which shall prevent the }  
Patient being separately examined by Two }  
Medical Practitioners . . . . . }  
Special Circumstances which exist to prevent the }  
Insertion of any of the above Particulars . }

SIR,—Upon the authority of the above Statement, and the annexed  
Medical Certificates, I request you will receive the said  
as a Patient into your House.

I am, Sir,

Your obedient Servant,

Name

Occupation (if any)

Place of Abode

Degree of Relationship (if any) to the Insane  
Person

To Mr.

Proprietor of

## FORM OF MEDICAL CERTIFICATE.

## No. 1.

I, the undersigned, hereby Certify, That I separately visited and personally examined the Person named in the annexed Statement and Order, on the                      day of                      One Thousand Eight Hundred and                      and that the said                      is of unsound Mind, and a proper Person to be confined.

(Signed)

Name

Physician, Surgeon, or Apothecary

Place of Abode

## FORM OF MEDICAL CERTIFICATE.

## No. 2.

I, the undersigned, hereby Certify, That I separately visited and personally examined the Person named in the annexed Statement and Order, on the                      day of                      One Thousand Eight Hundred and                      and that the said                      is of unsound Mind, and a proper Person to be confined.

(Signed)

Name

Physician, Surgeon, or Apothecary

Place of Abode

## G.

## COMMISSIONERS IN LUNACY.

OFFICE: 19, WHITEHALL PLACE, LONDON, S.W.

*Chairman*—Right Hon. the Earl of Shaftesbury.*Commissioners*.—Francis Barlow, Esq.; Hon. Dudley F. Fortescue, M.P.; James Wilkes, Esq., F.R.C.S.; Robert Nairne, Esq., M.D.; John D. Cleaton Esq., M.R.C.S.; William George Campbell, Esq.; Charles Palmer Phillips, Esq.; Hon. Greville T. Howard.*Secretary*.—Charles Spencer Perceval, Esq.

Office Hours: 10 till 4; Saturdays, 10 till 2.

## H.

## METROPOLITAN LICENSED HOUSES.

[Houses in which Paupers are received are distinguished by an Asterisk.]

<i>Where situate.</i>	<i>Houses.</i>	<i>To whom Licensed.</i>
Bethnal Green	*Bethnal House . . . . .	Dr. John Millar.
Bow . . . . .	*Grove Hall . . . . .	{ Mr. Byas, Surgeon, & Dr. W. F. Mickle.
Brixton . . . . .	Dudley Villa . . . . .	Dr. W. H. Diamond.
	2, Knowle Road . . . . .	Mrs. Tucker.
Brompton . . . . .	Clarence Villa . . . . .	Dr. Dale.
	Earl's Court House . . . . .	{ Miss Burney & Dr. R. G. & Mrs. Hill.
Brook Green . . . . .	Montague House . . . . .	Mrs. Boy.
Camberwell . . . . .	*Camberwell House . . . . .	{ Dr. J. H. Paul & Dr. F. Schofield.
Chelsea . . . . .	Blacklands House . . . . .	{ Mr. Sutherland & Mr. Hall.
	Elm House . . . . .	Mr. Bouney.
Chiswick . . . . .	Manor House . . . . .	Dr. Tuke.
Clapton, Upper . . . . .	Brook House . . . . .	{ Dr. Monro & Mr. Adams.
Fulham . . . . .	Munster House . . . . .	{ Dr. G. F. Blandford, Mr. J. F. Hemming, & Mr. C. Williams.
	Laurel Bank . . . . .	Mrs. Leech.

<i>Where situate.</i>	<i>Houses.</i>	<i>To whom Licensed.</i>
Hammersmith .	Normand House . . . . .	Miss Talfourd.
	Otto House, North End . . . .	{ Mr. Sutherland & Miss Sharpe.
	Upper Mall House . . . . .	Mrs. Cotes.
	Sussex and Brandenburg Houses	{ Dr. H. F., & L. S. F. Winslow.
Hampton Wick .	Normansfield . . . . .	Dr. Down & Mrs. Down.
Hanwell . . .	Lawn House . . . . .	Miss Dixon.
	Kent Lodge . . . . .	Miss Waite.
Hayes . . . .	Hayes Park . . . . .	Mr. Benbow.
	Wood End Grove . . . . .	Dr. Stilwell & Mrs. Spence.
Hendon . . . .	Hendon House . . . . .	Dr. Hicks & Miss Rosser.
Hillingdon . .	Moorcroft House . . . . .	{ Dr. Stilwell & Dr. Hurford.
		Mr. Cremonini.
Hoxton . . . .	*Hoxton House . . . . .	Dr. Willett.
Isleworth . . .	Wyke House . . . . .	Mr. Moseley.
Kilburn . . . .	Priory Road . . . . .	Mr. & Mrs. Davey.
Leyton . . . .	The Great House . . . . .	Mrs. Foreman.
Norwood . . . .	Colville House, Norwood Road	{ Mr. Byas, Dr. Stocker, & Mr. Brown.
Peckham . . . .	*Peckham House . . . . .	Mrs. Fruin.
Peckham Rye. .	Silverton House, 26, Linden Grove	Dr. Wood & Mr. Bigland
Roehampton . .	The Priory . . . . .	Dr. & Mrs. Steward.
Southall . . . .	The Shrubbery . . . . .	Dr. Boyd.
	Southall Park . . . . .	Mr. & Mrs. Chalk.
	Vine Cottage, Norwood Green .	Drs. Stocker & Wright.
Stoke Newington	Northumberland House . . . .	{ Dr. Seaton, Mr. Seaton, & Dr. Edwards.
Sunbury . . . .	Halliford House . . . . .	Mr. & Miss Diamond.
Twickenham . .	Twickenham House . . . . .	

## I.

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